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Attorneys for Plaintiffs SYLVESTER OWINO, JONATHAN GOMEZ, and the Proposed Class(es)

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF CALIFORNIA

SYLVESTER OWINO and JONATHAN GOMEZ, on behalf of themselves and all others similarly situated, Plaintiffs, vs. CORECIVIC, INC., Defendant.	Case No. 3:17-CV-01112-JLS-NLS **CLASS ACTION** **NOTICE REGARDING UPDATED REDACTIONS TO PUBLICLY FILED EXHIBITS TO DECLARATION OF EILEEN R. RIDLEY IN SUPPORT OF PLAINTIFFS' MOTION FOR CLASS CERTIFICATION [DKT. NO. 85] [PER COURT ORDER DKT. NO. 158]**
CORECIVIC, INC., Counter-Claimant, vs. SYLVESTER OWINO and JONATHAN GOMEZ, on behalf of themselves and all others similarly situated, Counter-Defendants.	Judge: Hon. Janis L. Sammartino Magistrate: Hon. Nita L. Stormes

Per Court Order (Dkt. No. 158), the following exhibit to the Declaration of Eileen R. Ridley In Support of Plaintiffs' Motion For Class Certification (Dkt. No. 85] is being publicly filed by Plaintiffs with corrected redactions:

1. Attached hereto as **Exhibit 11** is a true and correct copy of a detainee file, which was produced during this litigation by CoreCivic at CCOG43011 – 166.

DATED: February 5, 2020

FOLEY & LARDNER LLP
Eileen R. Ridley
Geoffrey M. Raux
Nicholas J. Fox
Alan R. Ouellette

/s/ Eileen R. Ridley
Eileen R. Ridley
Attorneys for Plaintiffs SYLVESTER OWINO, JONATHAN GOMEZ, and the Proposed Class(es)

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CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the above and foregoing document has been served on February 5, 2020, to all counsel of record who are deemed to have consented to electronic service via the Court's CM/ECF system per Civil Local Rule 5.4.

/s/ Eileen R. Ridley
Eileen R. Ridley

Exhibit 11

CONFIDENTIAL

1. FAMILY NAME
[redacted]

2. AGE
25

3. COUNTRY OF CITIZENSHIP
[redacted]

4. ALIAS

5. DATE APPREHENDED
06/21/2017

6. OFFICE
ICE CAMCARD

7. BIRTH DATE
[redacted]

8. BIRTH PLACE
GEDO

9. SEX
MALE

10. OSC/WA SERVED
☐ Yes ☐ No

11. FILE NUMBER
[redacted]

12. BOND
$

DATE POSTED

13. CIRS
☐ Yes ☐ No

14. MEDICAL ALERT
☑ No ☐ Yes (Explain)

14A.
[redacted]

15. TRANSFER DATE	FROM	TO
A 06/21/2017	BK-5	OTAY MESA DETENTION CENTER
B 12/12/18	MMDC	ECDC
C		

16. ADMITTED BY:
Valenzuela, Francisco

17. SEARCHED IN BY:

18. DATE ADMITTED:
06/21/2017

19. RELEASED TO: ☐ VR ☐ DEPORT
[redacted]

20. RELEASED BY:

21. DATE RELEASED:
12/12/18

22. RT. INDEX PRINT -IN
[redacted]

23. RT. INDEX PRINT -OUT
[redacted]

24. REMARKS

FORM I-385 11-15-77j ALIEN BOOKING RECORD

X

Δ π EXHIBIT 92
Deponent Coro Civil
Date 3/5/19 Rptr. LN
WWW.DEPOBOOK.COM

CCOG00043011

CONFIDENTIAL

CCOG00043012

CONFIDENTIAL

OTAY MESA DETENTION CENTER
INMATE/DETAINEE COMMITMENT SUMMARY

Print Date: 6/22/17 1:26

FULL NAME: [redacted]
AGENCY #
PERM #
BOOKING #

[redacted]

COMMITTED BY: IMMIGRATION AND CUSTOMS ENFORCEMENT
ARRESTED BY:
TRANSPORTED BY:
ADMISSION TYPE: ICE - LEVEL 1 DETAINEE
BOOKING DATE: 06/21/2017
BOOKING TIME: 8:15 pm
BOOKING OFFICER: VALENZUELA, FRANCISCO

P206

DATE OF BIRTH: [redacted]
AGE AT BOOKING:
GENDER:
RACE:
MARITAL STATUS:
SSN:
HEIGHT:
WEIGHT:
EYE COLOR:
HAIR COLOR:
COMPLEXION:
BUILD:

CITIZEN OF:
PLACE OF BIRTH:
COUNTRY OF BIRTH:
RELIGION:
STG AFFILIATION: NO
DRIVER'S LIC. STATE:
DRIVER LICENSE #

HOUSING: INTAKE/HOLD/75NULL
CUSTODY LEVEL: 213081948
POPULATION STATUS:

EMERGENCY CONTACT:

INMATE HOME ADDRESS INFO:

SCARS / TATTOOS:

SCAR, HEAD NONSPECIFIC
BACK OF HEAD HIT WITH A KNIFE

ALIAS INFORMATION:

NONE

FILE OPEN:
DATE: 06217
TIME: 2015

CCOG00043013

CONFIDENTIAL

CCOG00043014

CONFIDENTIAL

OTAY MESA DETENTION CENTER
INMATE/DETAINEE COMMITMENT SUMMARY

Print Date: 6/22/17 1:26

CHARGE INFORMATION

CASE NUMBER	OFFENSE DATE	OFFENSE	OFFENSE CODE
		IMMIGRATION	NCIC-0399
GRADE	DEGREE	DISPOSITION	SENTENCE DATE
MINIMUM DATE	MAXIMUM DATE	DISCHARGE DATE / EFFECTIVE DATE	OFFENDER TRACKING #

SUPERVISOR (SIGNATURE) 6/22/17

[redacted] INMATE/DETAINEE (SIGNATURE) 6/22/17

CCOG00043015

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CCOG00043016

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DETAINER PROCEDURE CHECKLIST

RECEIVING

DETENTION OFFICER	YES / NO
DETAINER IN FILE	NO
PLACE YELLOW SHEET IN FILE	NA
INPUT DETAINER IN OMS SYSTEM	NA
PLACE AN ALERT IN OMS SYSTEM	NA
ICE DETAINEES WITH DETAINERS FROM OTHER AGENCIES WERE PLACED IN A RED FILE FOLDER	NO

SENIOR DETENTION OFFICER	YES / NO
CHECK FOR DETAINER	YES
MAKE AND DISTRIBUTE COPIES OF DETAINER	N
AFTER INITIAL PROCESSING VERIFY THE FILE FOR YELLOW DETAINER SHEET	N
CHECK COMPUTER FOR DETAINER INFORMATION AND ALERT PLACEMENT	N
ICE DETAINEES WITH DETAINERS FROM OTHER AGENCIES WERE PLACED IN A RED FILE FOLDER	NO

INTAKE SUPERVISOR PRINT NAME	SIGNATURE	DATE
M Tatem		6/22/17

DISCHARGE

SENIOR DETENTION OFFICER	INITIAL
VERIFY DETAINEE/ INMATE FILE FOR DETAINER	
VERIFY OMS SYSTEM FOR ALERS	
RELEASE DETAINER FROM OMS SYSTEM	
PLACE RED DETAINER SHEET IN FRONT OF FILE	
PLACE FILE IN DESIGNATED AREA AWAY FROM OTHER FILES	

FINAL CHECK OF FILE AND DETAINER REPORT FOR ACTIVE DETAINEES	INITIAL
INTAKE SUPERVISOR	
PROPERTY OFFICER	
SHIFT SUPERVISOR	

SHIFT SUPERVISOR PRINT NAME	SIGNATURE	DATE
		6/22/17

[redacted] Date Taken: 6/22/17

[redacted]

Agency #: [redacted]
DOB: [redacted]
Date Committed: 6/21/17 8:15 pm
Date Taken: 6/22/17

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CCOG00043018

CONFIDENTIAL

OTAY MESA DETENTION CENTER
RECEIVING & DISCHARGE CHECKLIST

Inmate/Resident Name: Nombre del Detenido:	[redacted]	Inmate/Resident #: Numero del Detenido:	[redacted]

RECEIVING CHECKLIST:

[✓] Verfication of Commitment Papers
[✓] Searched at intake
[✓] Showered at intake
[✓] Issue of Clean, laundered clothing.
[✓] Disposition of all monies at intake
[✓] Medical, dental mental health screening
[✓] Assignment of Corecivic Number
[✓] Personal Property Inventoried (copy given to inmate resident)
[✓] PREA Pamphlet
[✓] Assignement to a Housing unit
[✓] Photograph/I.D. Card
[✓] Classification Booking Sheet
[✓] Hygiene Items Issued
[✓] Explaination of Mail and Visiting Procedures
[ ] ~~Issue of Lock~~ (If applicable)
[✓] Telephone Calls
[ ] ~~Other:~~

[✓] **INMATE/RESIDENT HANDBOOK ACKNOWLEDGMENT:** BY SIGNING BELOW, I ACKNOWLEDGE RECEIVING AN INMATE/RESIDENT HANDBOOK ON THIS DATE.
[ ] **ACUSE DE RECIBO MANUAL POR DETENIDOS:** POR MI FIRMA, YO RECIBO UN MANUAL POR DETENIDOS EN ESTE DIA [redacted]

Inmate/Resident Signature/Firma del Detenido — Date/Fecha: 06/22/2017

[redacted]
Receiving Officer (Signature)

VOLUNTARY WORK RELEASE
As a pre-trial or un-sentenced detainee, I understand that I may not be compelled to work other than to perform housekeeping tasks in my own cell and the community living area. I would like to volunteer for work assignments in addition to my housekeeping tasks. By signing below I am volunteering to participate in work assignments.

LIBERACION VOLUNTARIA DE TRABAJO
Como un detenido antes de prueba o sin sentencia, yo entiendo que no puedo ser obligado a trabajar en ninguna area nada mas que sea la limpieza de mi propia celda y el area comun. Me gustaria ser voluntario para asignaciones de trabajo junto de mi tarea de limpieza de mi celda. Por mi firma abajo yo de voluntario quiero participar en asignaciones de trabajo.

[redacted]
Inmate/Resident Signature/Firma del Detenido — Date/Fecha: 06/22/2017

[redacted]

DISCHARGE CHECKLIST:

[✓] Verfication of identity of inmate/resident
[✓] Return of All inmate resident personal property (if any)
[✓] Completion of all pending actions with Corecivic
[✓] Return of all inmate/resident funds (If any)
[ ] Verfifcation of proper release authority
[✓] Return of all Corecivic issued Property
[✓] Inmate/resident received all release paperwork
[ ] Other: _____

Discharging Officer (Signature) — Date/Fecha: 12/12/18

[redacted]
Inmate/Resident (Signature)/Firma del Detenido

Property of Corecivic

Revised: 11/29/2005

CONFIDENTIAL

CCOG00043020

CONFIDENTIAL

OTAY MESA DETENTION CENTER

INMATE PROPERTY RECEIPT

Print Date: 6/22/17 2:04AM

NAME: [redacted]

AGENCY ID#: [redacted]

SEIZED PROPERTY

PROPERTY#:	LOCATION	QTY			STYLE		ORIG_COND
103-A	LUGGAGE LOCATION / SECTION 2	1	103				USED
103-A	LUGGAGE LOCATION / SECTION 2	1	103				USED
103-A	LUGGAGE LOCATION / SECTION 2	1	103				USED
103-A	LUGGAGE LOCATION / SECTION 2	1	103				USED
103-A	LUGGAGE LOCATION / SECTION 2	1	103				USED
103-A	LUGGAGE LOCATION / SECTION 2	1	103				USED
103-A	LUGGAGE LOCATION / SECTION 2	3	103				USED
103-A	PROPTYOTAYM / BAG103-A	1				BLK	USED
103-A	LUGGAGE LOCATION / SECTION 2	7	103			MUL	USED
103-A	LUGGAGE LOCATION / SECTION 2	1	103			BLK	USED
103-A	LUGGAGE LOCATION / SECTION 2	1	103			BRO	USED
103-A	PROPTYOTAYM / BAG103-A	1			AKERS	GRN	USED
103-A	LUGGAGE LOCATION / SECTION 2	2	103		KS	MUL	USED
103-A	PROPTYOTAYM / BAG103-A	1			KS	BLK	USED
103-A	PROPTYOTAYM / BAG103-A	1			ATPANTS	GRY	USED
103-A	LUGGAGE LOCATION / SECTION 2	1	103		ATSHIRT	GRY	USED
103-A	LUGGAGE LOCATION / SECTION 2	1	103		TOOTHBRUSH	WHT	USED
103-A	LUGGAGE LOCATION / SECTION 2	1	103	CLOTHE	UNDERWEAR	GRY	USED
103-A	PROPTYOTAYM / BAG103-A	1		CLOTHE	UNDERWEAR	GRY	USED
103-A	VALUABLE PROPERTY / DRAWER 2	1	103	JEWELR	WATCH	RED	USED

PROPERTY IN INMATE CUSTODY

PROPERTY#:	LOCATION	QTY	CATEGORY	DESCRIPT	STYLE	COLOR	ORIG_COND
		1	MISC	LERGAL PAPERWORK		MUL	USED

OFFICER SIGNATURE / DETAINEE SIGNATURE / DATE

CONFIDENTIAL

CCOG00043022

CONFIDENTIAL

OMS Offender Management System

Clothing Issued Receipt

Today's Date: 7/3/2017 10:04

Clothing Issued Receipt For:	[redacted]
Receipt Date/Time:	7/3/2017 10:04
Booking Number:	[redacted]
Permanent Number:	

Description	Quantity	Date Issued	Issued Condition	Date Returned	Returned Condition
BLANKET_OTAYM	2	06/22/2017	Acceptable		
BLUE DEMIN JACKET_OTAYM	1	06/22/2017	Acceptable		
HYGIENE KIT_OTAYM	1	06/22/2017	Acceptable		
PANTS#1_OTAYM	3	06/22/2017	Acceptable		
PILLOW CASE_OTAYM	1	06/22/2017	Acceptable		
SHEETS#1_OTAYM	2	06/22/2017	Acceptable		
SHIRT#1_OTAYM	3	06/22/2017	Acceptable		
SHOES_OTAYM	1	06/22/2017	Acceptable		
SHOWER SHOES_OTAYM	1	06/22/2017	Acceptable		
SOCKS#1_OTAYM	5	06/22/2017	Acceptable		
T-SHIRT#1_OTAYM	5	06/22/2017	Acceptable		
TOWEL#1_OTAYM	2	06/22/2017	Acceptable		
UNDERWEAR#1_OTAYM	5	06/22/2017	Acceptable		
WASHCLOTH_OTAYM	1	06/22/2017	Acceptable		

Inmate Signature: [redacted] **Date:** 06-22-2017

Officer Signature: D/O Hernandez **Date:** 06-22-2017

Signature certifies that I have carefully inspected the entire list of property and that I have no other items in my possession. I further understand that should any of the issued items I received be damaged (other than normal use), destroyed, or missing, I may be charged for replacement costs. I further certify that I have no legal recourse against the facility upon signing this receipt.

CONFIDENTIAL

CCOG00043024

CONFIDENTIAL

OMS Offender Management System

Clothing Issued Receipt

Today's Date: 6/22/2017 3:16

Clothing Issued Receipt For:	[redacted]
Receipt Date/Time:	6/22/2017 3:16
Booking Number:	[redacted]
Permanent Number:	

Description	Quantity	Date Issued	Issued Condition	Date Returned	Returned Condition
BLANKET_OTAYM	1	06/22/2017	Acceptable		
BLUE DEMIN JACKET_OTAYM	1	06/22/2017	Acceptable		
HYGIENE KIT_OTAYM	1	06/22/2017	Acceptable		
PANTS#1_OTAYM	1	06/22/2017	Acceptable		
PILLOW CASE_OTAYM	1	06/22/2017	Acceptable		
SHEETS#1_OTAYM	1	06/22/2017	Acceptable		
SHIRT#1_OTAYM	1	06/22/2017	Acceptable		
SHOES_OTAYM	1	06/22/2017	Acceptable		
SHOWER SHOES_OTAYM	1	06/22/2017	Acceptable		
SOCKS#1_OTAYM	1	06/22/2017	Acceptable		
T-SHIRT#1_OTAYM	1	06/22/2017	Acceptable		
TOWEL#1_OTAYM	1	06/22/2017	Acceptable		
UNDERWEAR#1_OTAYM	1	06/22/2017	Acceptable		
WASHCLOTH_OTAYM	1	06/22/2017	Acceptable		

Inmate Signature: [redacted] **Date:** 062217

Officer Signature: **Date:** 062217

Signature certifies that I have carefully inspected the entire list of property and that I have no other items in my possession. I further understand that should any of the issued items I received be damaged (other than normal use), destroyed, or missing, I may be charged for replacement costs. I further certify that I have no legal recourse against the facility upon signing this receipt.

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Transaction Receipt

Today's Date: 6/22/17 2:03AM

Inmate Name:	[redacted]
Agency #:	
Perm #:	
Booking #:	[redacted]
Amount:	$200.00
Transaction Type:	CASH
Transaction Date:	6/22/17 2:02
Zero Dollar Transaction?:	
Method of Deposit:	Intake
Deposit From:	DETAINEE
Document Locator #:	E2111255
Case/Order #:	
Memo:	
Check #:	
Receipt #:	6357990

INTAKE/HOLD/75/NUI

CONTROL NO. E2111255

Disclaimer:
This is a temporary receipt.
The amount will be verified and deposited into your account by the close of the next business day.

[redacted]

6/22/17

Inmate Signature Line

6/22/17

Staff Signature Line

[redacted]

RECEI
DATE:
SIGNAT
AGENC

CCOG00043027

CONFIDENTIAL

CCOG00043028

CONFIDENTIAL

OTAY MESA DETENTION CENTER

PROPERTY DISCLAIMER

Having been allowed to have in my possession certain articles of my own personal property, I am aware that I am responsible for such articles. I hereby relieve Corecivic of any responsibility for my personal property and will not hold them responsible for any loss or damage sustained that cannot be directly attributed to Corecivic.

To minimize the chance of damage or theft of my personal property, I am aware that I should notify the pod officer to lock my room door when I leave the pod. If I reside in a dorm, I will keep my property locker/closet secured at all times.

If I choose to acquire personal property valued above the maximum reimbursable amount designated by the Warden/Administrator, then I do so at my own risk. I understand that a claim for such property, if found valid, will still only result in the maximum reimbursable amount set by the Warden/Administrator for reimbursement.

I am also fully aware that should I ever abandon any of my personal property, Corecivic will have full authority to dispose of that property in a manner of their choosing.

Should Corecivic elect to have my property mailed out or picked up by a friend or family member, I am designating that the following individual be contacted:

Name: X [redacted]

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: X [redacted]

Inmate Resident Signature: X [redacted]

ID Number: [redacted] Date: 06/22/2017

Staff Witness: _____ Date: 06/22/2017

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CCOG00043030

CONFIDENTIAL

OTAY MESA DETENTION CENTER

Print Date: 6/22/17 1:28AM

MONITORING OF INMATE/DETAINEE TELEPHONE CALLS

Inmate Name: [redacted] **AGENCY #:** [redacted]

Corecivic reserves the authority to monitor (this includes recording) conversations on any telephone located within its institutions, said monitoring to be done to preserve the security and orderly management of the institution and to protect the public. An inmate's use of institutional telephones constitutes consent to this monitoring. A properly placed phone call to an attorney is not monitored. You must contact your unit team to request an unmonitored attorney call.

I have read or had read to me (cross out one) the above notification on the monitoring of inmate telephone calls. I understand that telephone calls I make from institution telephones may be monitored and recorded.

Signature of Inmate Detainee: [redacted] Date: 06/22/2017

Printed Name of Staff Member: [redacted] Delarm

Signature of Staff Member: [redacted] Date: 06/22/2017

CCOG00043031

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CCOG00043032

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Detainee Free Admission Telephone Call

Detainee Name: [redacted]

Last Name First Name

ICE A-Number: [redacted] Date/time of the call: 6/21/2017 2144

Telephone call completed successfully: Yes or No (Circle One)

If the call was not completed, state reason: Declined or Other (Circle One)

Name of the person called: N/A Telephone Number: N/A

Relationship: N/A Length of the call: 3 min

Name of Officer: VELASCO Signature of Officer: [signature]

Detainee Free Release Telephone Call

Detainee Name: [redacted]

Agency: [redacted]
DOB: [redacted]
Date Committed: 6/21/17 8:15 pm
Date Taken: 6/22/17

First Name

ICE A-Number: Date/time of the call: 12/12/18

Telephone call completed successfully: Yes or No (Circle One)

If the call was not completed, state reason: Declined or Other (Circle One)

Name of the person called: Telephone Number:

Relationship: Length of the call:

Name of Officer: Signature of Officer:

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CCOG00043034

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OMS Offender Management System

Booking Observation Report

OTAY MESA DETENTION CENTER

Today's Date: 6/22/17 3:22

Name:	[redacted]	Booking #:	[redacted]
Sex:	Male	Permanent #:	[redacted]
Race:	UNKNOWN	SSN:	
Birth Date:	[redacted]		

Booking Observation Questions

Answers are 'Y' = Yes, 'N' or Blank = No, 'R' = Refused To Answer

Order	Question	Y/N/R	Comments
1	HAVE YOU BEEN INCARCERATED BEFORE? (LIST DATES, LOCATIONS AND LENGTH)	N	
4	DID YOU HAVE ANY PROBLEMS WHILE INCARCERATED? IF YES,EXPLAIN.	N	
9	DO YOU HAVE OTHER NAMES, ALIAS, OR MONIKER? IF YES (SPECIFY)	N	
11	HAVE YOU EVER BEEN INVOLVED WITH A GANG OR GROUP? IF YES, LIST GROUP(S) AND LOCATION(S)	N	
14	HAVE YOU BEEN INVOLVED IN ANY FIGHTS OR ASSUALTS WHILE INCARCERATED? IF YES, LIST SPECIFICS INCIDENTS, DATES, LOCATIONS AND IF WEAPONS WERE INVOLVED:	N	
18	ARE YOU AWARE OF ANYONE AT THIS FACILITY THAT YOU HAVE PROBLEMS WITH, OR CANNOT BE HOUSED WITH, FOR ANY REASON? SPECIFY REASON AND CONCERNS:	N	
22	DO YOU HAVE PROBLEMS WITH ANYONE INCARCERATED AT ANOTHER JAIL OR PRISON? IF YES LIST NAMES, LOCATIONS AND ISSUES:	N	
24	ARE YOU A CO-CODEFENDENT OF ANYONE INCARCERATED AT THIS FACILITY OR ANY OTHER JAIL OR PRISON? IF YES LIST NAMES AND CRIMES:	N	
28	IS THIS AN ICE COMMITMENT?	Y	IMMIGRATION HOLD
29	ICE SOURCE - BOP	N	
30	ICE SOURCE - USMS	N	
31	ICE SOURCE - BORDER PATROL	N	
32	ICE SOURCE - PORT OF ENTRY(AIR/LND)	N	
33	ICE SOURCE - STATE AGENCY	N	
34	ICE SOURCE - LOCAL AGENCY	Y	BARRACKS 5
39	ARE YOU RELATED TO ANYONE INCARCERATED? IF YES, LIST NAMES AND LOCATIONS:	N	
44	ARE YOU RELATED TO ANY EMPLOYEE OF THE JAIL, PRISON OR LAW ENFORCEMENT AGENCY? IF YES LIST NAMES AND LOCATIONS:	N	
49	HAVE YOU EVER ESCAPED OR ATTEMPTED TO ESCAPE FROM A SECURE JAIL OR PRISON? IF YES LIST LOCATIONS AND DATES:	N	
54	WHAT IS YOUR LAST CURRENT EMPLOYEMENT? LIST ANY SPECIALIZED SKILLS (I.E. LOCKSMITH, PILOT ETC):	Y	STUDENT
59	DO YOU HAVE ANY OTHER INFORMATION TO OFFER THAT YOU FEEL MAY BE IMPORTANT DURING YOUR INCARCERATION AT THIS FACILITY?	N	
64	DO YOU HAVE ANY MEDICAL/MENTAL HEALTH PROBLEMS AND ARE YOU CURRENTLY TAKING MEDICATIONS?	X	

CCOG00043035

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CCOG00043036

CONFIDENTIAL

Booking Observation Questions

Answe. .re 'Y' = Yes, 'N' or Blank = No, 'R' = Refu To Answer

Order	Question	Y/N/R	Comments

By my signature, I agree that the above is true to the best of my knowledge.

[redacted] 6/22/17

Inmate Signature

6/22/17

Witness Signature

CCOG00043037

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CCOG00043038

CONFIDENTIAL

CCA/OTAY MESA DETENTION CENTER

CORRECTIONS CORPORATION OF AMERICA
OTAY MESA DETENTION CENTER

HAZARDOUS CHEMICAL TRAINING ACKNOWLEDGEMENT

1. YOU HAVE THE RIGHT TO INFORMATION CONCERNING HAZARDOUS CHEMICALS THAT YOU MAY BE EXPOSED TO IN YOUR WORKPLACE.

2. SAFETY DATA SHEETS **(SDS)**, ARE AVAILABLE TO ALL EMPLOYEES, INMATES/DETAINEES, THEIR DESIGNATED REPRESENTATIVE, AND TREATING HEALTH CARE WORKERS UPON REQUEST, AND AT THE LOCATION WHERE THE MATERIAL IS STORED.

3. ALL CONTAINERS OF HAZARDOUS CHEMICALS MUST BE LABELED WITH CHEMICAL NAME(S), APPROPRIATE WARNINGS, AND MANUFACTURERS NAME AND ADDRESS.

4. YOU MAY NOT BE DISCHARGED FROM YOUR JOB OR DISCIPLINED FOR SEEKING INFORMATION ABOUT ANY HAZARDOUS CHEMICAL.

5. IF PERSONAL PROTECTIVE EQUIPMENT OR SPECIAL INSTRUCTIONS ARE NEEDED BEFORE USING A CHEMICAL THIS INFORMATION WILL BE PROVIDED BY YOUR SUPERVISOR.

6. USE ALL CHEMICALS ACCORDING TO THE MANUFACTURER'S RECOMMENDATIONS. IF YOU HAVE, ANY QUESTIONS ASK YOUR SUPERVISOR.

I HAVE RECEIVED THE HAZARDOUS COMMUNICATIONS TRAINING AS DESCRIBED IN THE WRITTEN HAZARD COMMUNICATIONS PROGRAM AND THE INSTRUCTOR ANSWERED ANY QUESTIONS THAT I MAY HAVE HAD.

[redacted]

SIGNATURE OF INMATE/DETAINEE

SIGNATURE OF INSTRUCTOR

[redacted]

INMA[redacted]

Agency #: [redacted]
DOB: [redacted]
Date Committed: 6/21/17 8:15 pm

06/22/17
DATE

19-100C

CCOG00043039

CONFIDENTIAL

OTAY MESA DETENTION CENTER
INMATE/DETAINEE SAFETY RULES

Each new commitment will be required to read and sign the below safety regulations. In the event the inmate/detainee cannot read, the regulations will be read and explained to him/her, and this will be indicated in the signature area. If, for any reason, an inmate/detainee refuses to sign, it will be noted on the bottom portion of this form.

DISCIPLINARY ACTION MAY RESULT FROM FAILURE TO FOLLOW THESE SAFETY REGULATIONS:

1. Every effort will be made to provide a safe environment for inmates/detainees incarcerated in the facility. Matters relating to occupational safety and health policy and practice will adhere to state and local codes. Compliance with established safety practices will be the responsibility of each CCA employee, inmate and detainee.
2. It is the responsibility of each inmate/detainee worker to use the safety equipment issued to protect them against physical injury and/or health hazards. Make certain you follow instructions for properly wearing required personal protective equipment, such as goggles, aprons, and arm guards before you begin an operation.
3. Hearing protection must be worn on all workstations designated as high noise level areas.
4. You must wear work or safety shoes, when instructed to do so.
5. Report all safety hazards immediately to your work supervisor. Do not continue to work in any area or on any machinery or equipment that is deemed unsafe or improperly guarded by the work supervisor. If your work supervisor does not agree that an unsafe work condition exists, you should report the information to the Safety Officer, either verbally or in writing.
6. Inmates/detainees will perform only work that is assigned to them. Operation of equipment, or performing any operation that has not been specifically assigned, is strictly forbidden.
7. Operating equipment without using the safety guard(s) provided or removal of the safety guard(s) is forbidden.
8. The fabrication or repair of personal items using CCA equipment is against safety regulations and is prohibited.
9. Do not try to adjust, oil, repair, or perform any maintenance on any machine while it is in motion. Stop the machine first. Use the lockout devices where possible.
10. Inmate/detainees who are injured while performing their assigned duties will immediately report such injury to their work supervisor (staff member). Report a work injury to your supervisor or any other staff member, immediately.
11. It is the responsibility of each inmate/detainee worker to exercise care, cooperation, and common sense in conducting his/her assigned work. Horseplay on the job or in this facility will not be tolerated.
12. Cell and dayroom fixtures and furniture (chairs, tables, etc.) will not be used as ladders or stepstools for any reason.

[redacted] Date Taken: 6/22/17

[redacted]

Agency #: [redacted]

DOB: [redacted]

Date Committed: 6/21/17 8:15 pm

"I HAVE READ [redacted] SAFETY RULES"

[redacted]

Inmate/detainee Signature

Number

06221

Date

Staff Witness Signature

Title

06221

Date

Form 19-100B

CCOG00043040

CONFIDENTIAL

17-100G

OTAY MESA DETENTION CENTER

Acknowledgment of Inmate/Detainee Orientation

(Reconocimiento de Orientación al Prisionero/Detenido)

Date Taken: 6/22/17

Agency #: [redacted]
DOB [redacted]
Date Committed: 6/21/17 8:15 pm
Date Taken: 6/22/17

I, [redacted] _____ HEREBY AKNOWLEDGE THAT I HAV[redacted] READ AND UNDERSTOOD THE INMATE/DETAINEE ORIENTATION HANDBOOK. IN ADDITION, I ALSO ACKLOWLEDGE THAT I HAVE ATTENDED AND UNDERSTOOD ALL INFORMATION GIVEN DURING A VIDEO ORIENTATION SESSION DURING THE ADMISSIONS AND ORIENTATION PROCESS. I HAVE ALSO BEEN INFORMED ABOUT THE PRISON RAPE ELIMINATION ACT AND THE FACILITY'S POLICY ON SEXUAL ABUSE PREVENTION AND RESPONSE, INCLUDING THE AVAILABILITY OF SUCH POLICIES. I ALSO ACKNOWLEDGE PARTICIPATING IN A QUESTION AND ANSWER SESSION WITH OTAY MESA DETENTION CENTER STAFF FOLLOWING THE ORIENTATION VIDEO.

[redacted] _____ 062217 _____ RSD _____

Inmate/Detainee Signature | Date | Unit/Pod/Cell

YO, _____ POR ESTE MEDIO RECONOSCO QUE
Nombre y Numero de Identificación

HE RECIBIDO, LEÍDO Y ENTENDIDO EL MANUAL DE LA ORIENTACION DEL PRISIONERO/DETENIDO. ADEMÁS, TAMBIÉN RECONOZCO QUE HE ASISTIDO Y COMPRENDIDO LA INFORMACION DADA EN EL VIDEO DE ORIENTACION DURANTE EL PROCESO DE ADMISION Y ORIENTACION. TAMBIEN HE SIDO INFORMADO DE LA LEY DE ELIMINACION DE VIOLACIONES EN LA PRISION Y DE LA POLITICA DE PREVENCION ABUSO SEXUAL Y REACCION, INCLUSO LA DISPONIBILIDAD DE TAL POLITICAS. TAMBIÉN RECONOSCO QUE PARTICIPE EN UNA SESION DE PREGUNTA Y RESPUESTA CON PERSONALES DE OTAY MESA CENTRO DE DETENCIÓN SIGUENTE EL VIDEO DE ORIENTACION.

_____ _____ _____

Firma del Prisionero/Detenido | Fecha | Unidad/Celda

PROPERTY OF OTAY MESA DETENTION CENTER

CCOG00043041

CONFIDENTIAL

CCOG00043042

CONFIDENTIAL

U.S. Department of Homeland Security — Subject ID: [redacted] — **Record of Deportable/Inadmissible Alien**

Family Name (CAPS): [redacted]	First	Middle	
Country of Citizenship: [redacted]	Passport Number and Country of Issue	File Number: [redacted]	
U.S. Address: IN DHS CUSTODY			
Date, Place, Time, and Manner of Last Entry: 06/18/2017, 1800, 2 mile(s) E of OTM, PWA (AFOOT)		Passenger Boarded at	
Number, Street, City, Province (State) and Country of Permanent Residence: [redacted]			
Date of Birth: [redacted] Age: 25	Date of Action: 06/18/2017	Location Code: SDC/CRU	
City, Province (State) and Country of Birth: [redacted]	AR [X]	Form: (Type and No.) Lifted ☐ Not Lifted ☐	
NIV Issuing Post and NIV Number	Social Security Account Name		
Date Visa Issued	Social Security Number		

Sex	Hair	Eyes	Complex
M	BLK	BRO	MED
Height	Weight	Occupation	
73	195	LABORER	

Scars and Marks: SCAR NECK

FBI Number: [redacted] — ☒ Single ☐ Divorced ☐ Married ☐ Widowed ☐ Separated

Method of Location/Apprehension: OA

AV/Near: Otay Mesa, CA — Date/Time: 06/18/2017 1900

By: KELTON BAJO

Status at Entry: PWA Mexico — Status When Found: TRAVEL/SEEKING

Length of Time Illegally in U.S.: AT ENTRY

Immigration Record: NEGATIVE

Criminal Record: None Known

Name, Address, and Nationality of Spouse (Maiden Name, If Appropriate)

Number and Nationality of Minor Children: NONE

Father's Name, Nationality, and Address, if Known: See Narrative

Mother's Present and Maiden Names, Nationality, and Address, if Known: See Narrative

Monies Due/Property in U.S. Not in Immediate Possession: None Claimed

Fingerprinted? ☒ Yes ☐ No — Systems Checks: See Narrative — Charge Code Words(s): I7A1

Name and Address of (Last)(Current) U.S. Employer — Type of Employment — Salary — Employed Months

Narrative (Outline particulars under which alien was located/apprehended. Include details not shown above regarding time, place and manner of last entry, attempted entry, or any other entry, and elements which establish administrative and/or criminal violations. Indicate means and route of travel to border.)

FINS # [redacted] I77 [redacted]

[redacted]

[redacted]

Left Index Print — Right Index Print

ARREST COORDINATES:

Latitude: 32.57487
Longitude: -116.91378

CONSEQUENCE DELIVERY SYSTEM:

Classification: FIRA

CREDIBLE FEAR CLAIM

OTM OTM

CARLOS A. VARGAS
BORDER PATROL AGENT
(Signature and Title of Immigration Officer)

Alien has been advised of communication privileges — 06.18.17 CV (Date/Initials)

Distribution:

EXPEDITED REMOVAL PROCEEDINGS

TO FILE
SDC
CRU
8USC 1182

Received: (Subject and Documents) (Report of Interview)

Officer: CARLOS A. VARGAS

on: June 18, 2017 at 2321 (time)

Disposition: Expedited Removal with Credible Fear

Examining Officer: CESAR RIVAS

Form I-213 (Rev. 08/01/07) Y

Reviewed by Prosecutions
Midnights

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CCOG00043044

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U.S. Department of Homeland Security

Continuation Page for Form I213

Alien's Name	File Number / Event No:	Date
[redacted]	[redacted] / Event No: [redacted]	06/18/2017

FATHER NAME AND ADDRESS:

Nationality: [redacted]

BELED HAWO, GEDO, SOMALIA

MOTHER NAME AND ADDRESS:

Nationality: [redacted]

ASSISTING ASSETS:

Other

FUNDS IN POSSESSION:

United States Dollar 222.00 M A H

RECORDS CHECKED:

BVS Positive
CIS Negative
EARM Negative
IAFIS Positive
NCIC Positive

NARRATIVE:

On June 18, 2017, at approximately 6:45 p.m., Border Patrol Agent Kelton Bajo, was assigned linewatch duties in the Chula Vista Area of Responsibility. Agent Bajo was alerted by San Diego Sector Border Patrol Communications, via DHS service radio, of a request for an immigration inspection from a security guard working at CCA. The security guard had stated that four individuals had approached him asking for assistance. This area is known to Border Patrol Agents as "North Calpine." This area is commonly used by individuals attempting to enter into the U.S. without having been inspected by an immigration officer. This area is located approximately two miles east of the Otay Mesa, California, Port of Entry and approximately one and one half miles north of the United States/Mexico International Boundary. Agent Bajo responded to the request, and after arriving in the area, via his service issued vehicle, Agent Bajo encountered the group of the four individuals. Agent Bajo identified himself as a United States Border Patrol Agent in the English and Spanish languages. Agent Bajo then questioned the individuals as to their citizenship and nationality. All four individuals spoke English, and three of the

Signature	Title
CARLOS A. VARGAS CAV	BORDER PATROL AGENT

2 of 3 Pages

Form I-831 Continuation Page (Rev. 08/01/07)

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U.S. Department of Homeland Security

Continuation Page for Form I213

Alien's Name	File Number	Date
[redacted]	[redacted]	06/18/2017
	Event No: [redacted]	

individuals, including one later identified as [redacted] responded "Somalia," the fourth individual responded "Ghana." Agent Bajo then questioned [redacted] and the three other individuals to see if they had any immigration documents that would allow them to enter or remain in the United States legally, they all responded "No." At approximately 7:00 p.m., Agent Bajo placed [redacted] and the three other individuals under arrest and had them transported to the Chula Vista Border Patrol Station for further processing.

At the station, as a routine step in processing, [redacted] biographical and biometric information was entered into the processing systems. These systems, along with record checks revealed no immigration or criminal history, but did reveal the following number:

FBI#: [redacted]

[redacted] was assigned the following numbers:

A#: [redacted]
FIN#: [redacted]

On June 18, 2017, at approximately 10:52 p.m., Border Patrol Agent Carlos A. Vargas advised [redacted] of his Somalian consulate communication rights in the English language as witnessed by Border Patrol Agent Christopher A. Padmos. [redacted] stated that he understood his rights but declined to exercise them at this time.

At the Chula Vista Border Patrol Station, [redacted] again freely stated that he was a citizen and national of Somalia and not in possession of any immigration documents allowing him to enter or remain in the United States legally. [redacted] stated that he had illegally entered the United States on June 18, 2017, at approximately 6:00 p.m. by climbing over the U.S./Mexico International Boundary fence east of the Otay Mesa, California, Port of Entry.

[redacted] stated that he has credible fear of returning to his country, and that he has no immigration petitions pending on his behalf.

[redacted] was served with DHS forms I-296, I-860, I-867A, I-867B, M-444, and a list of free legal services.

[redacted] is being held in DHS custody pending Expedited Removal proceedings.

Signature	Title
CARLOS A. VARGAS	BORDER PATROL AGENT

3 of 3 Pages

Form I-831 Continuation Page (Rev. 08/01/07)

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FBI Number: [redacted]
Name: [redacted]
TID: [redacted]

FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

CACBP1900 ICN [redacted]

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.
- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME	FBI NO.	DATE REQUESTED
[redacted]		[redacted] 2017/06/19

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	B	[redacted]511	179		BRO	BLK

BIRTH PLACE
[redacted]

PATTERN CLASS CITIZENSHIP
WU WU RS RS RS WU AU LS LS LS [redacted]

1-ARRESTED OR RECEIVED 2016/12/18
AGENCY-ICE/HSI/OIA/ATTACHE CLAYTON (PMICE0000)
AGENCY CASE-

FINGERPRINT INFORMATION
BSI/[redacted]
PRINT DATE/2016/12/18

PHOTO INFORMATION - 1 PHOTOS AVAILABLE
BSI/[redacted]
POSE/ DESC/
PHOTO DATE/2016/12/18

CHARGE 1-SPECIAL INTEREST ALIEN - NOT ARRESTED BY U.S. AGENCY - SUBJECT BIOMETRICS WERE CAPTURED THROUGH PARTNER NATION COOPERATION AND SHARED FOR INTELLIGENCE AND SCREENING PURPOSES ONLY. DO NOT TAKE ANY ACTION BASED SOLELY ON THIS RECORD. REMARKS:

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

CONFIDENTIAL

CCOG00043050

CONFIDENTIAL

CACBP1900 ICN[redacted]
PART 2
- FBI IDENTIFICATION RECORD - FBI NO[redacted]

2-ARRESTED OR RECEIVED 2017/01/13
AGENCY-ICE/HSI/OIA/ATTACHE MEXICO CITY (DFICE0000)
AGENCY CASE-

FINGERPRINT INFORMATION
BSI/[redacted]
PRINT DATE/2017/01/13

PHOTO INFORMATION - 1 PHOTOS AVAILABLE
BSI/[redacted]
POSE/ DESC/
PHOTO DATE/2017/01/13

NAME USED-[redacted]
CHARGE 1-PERSON OF INTEREST - NOT ARRESTED BY U.S. AGENCY - SUBJECT BIOMETRICS WERE CAPTURED THROUGH PARTNER NATION COOPERATION AND SHARED FOR INTELLIGENCE AND SCREENING PURPOSES ONLY. DO NOT TAKE ANY ACTION BASED SOLELY ON THIS RECORD. CONTACT HSI ATTACHE MEXICO CITY AT 011-52-55-5080-2000. REMARKS:

3-ARRESTED OR RECEIVED 2017/06/18
AGENCY-CBP OBP CHULA VISTA SAN YSIDRO (CACBP1900)
AGENCY CASE-CBCHU317061817233858

FINGERPRINT INFORMATION
BSI[redacted]
PRINT DATE/2017/06/18

PHOTO INFORMATION - 1 PHOTOS AVAILABLE
BSI/[redacted]
POSE/ DESC/
PHOTO DATE/2017/06/18

NAME USED-[redacted]
CHARGE 1-ALIEN INADMISSIBILITY UNDER SECTION 212

END OF PART 2 - PART 3 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

CACBP1900 ICN[redacted]
PART 3
- FBI IDENTIFICATION RECORD - FBI NO.-[redacted]

RECORD UPDATED 2017/06/19

CONFIDENTIAL

CCOG00043052

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ALL ARREST ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

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*   Federal Deoxyribonucleic Acid (DNA) Indicator   *
*                                                   *
*   DNA Not In CODIS - Collect DNA                  *
*                                                   *
-----------------------------------2.2018:N
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CONFIDENTIAL

FORM I-216
U.S. DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION & CUSTOMS ENFORCEMENT
(REV 5/22/07)

Sheet No.

Transfer Date: 6/21/17

RECORD OF PERSON(S) AND PROPERTY TRANSFERRED

FROM: USBP/ BK-5
ORIGIN FO: San Diego Field Office

VIA (1)
VIA (2)

TO: OTAY MESA DETENTION CENTER
DEST FO: San Diego Field Office

MODE:
OTHER:

File No.	Name of Person Last	First	DOB	Nationality	Status	Sex	Convictions	Gang Membership	Class Level	Detained Money	Property I-77 #	Field	Supervisor
[redacted]				SOMAL	ER-NEW	Male						[redacted]	
				MEXIC	NTA-NEW	Male							
				MEXIC	NTA-NEW	Female							
				GHANA	ER-NEW	Male							
				SOMAL	ER-NEW	Male							
				SOMAL	ER-NEW	Male							
				INDIA	ER-NEW	Male							
				INDIA	ER-NEW	Male							

I certify compliance with ALL ICE Detention and Transfer Standards and JPATS Boarding Requirements for this JPATS/Charter movement.

Name and Title: [illegible] Office: OMOC Contact Number(s): 619 3890

(1) Show whether transfer or removal. For transfers show whether NTA or Final.

(2) Show medical conditions, high risk, flight risk, epileptic, insane, etc.

Use a separate line for each person transferred.
This form is to be executed in sufficient number of copies to allow the receiving officer to retain one copy of his/her personal expense voucher and two additional copies for the station of final delivery.

D/O [illegible] 06/21/17 @2015

HOLDING CELL #	IN	OUT	CELL INSP	D/O
1205	2010	2030	/	Valenzuela
1205	2040	0100	/	Delan
1205	0210	0715	✓	[illegible]

Received the above listed persons, property, and baggage checks

Signature: [illegible]

Title & Station: DO

Date: OMAC 6/21/17

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CCOG00043056

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U.S. Department of Homeland Security

Sheet No.

Form I-203A/B, Order to Detain / Release Aliens

To: (Name and Title of Person in Charge of Facility)
Warden or Officer in Charge

Name of Facility: Otay Mesa Detention Center San Diego / CCA

[redacted]

Please DETAIN / RELEASE the alien(s) listed below

Special Note:

Date and Time of admission / release: *Approx 6/21/2017 1800*

#	Name: Last	First	A- Number	Nationality	Status	Sex	Convictions	Class Level	DOB	FINS #	Detained Funds	I-77	Supplied DOB
1	[redacted]			SOMAL	ER-NEW	Male			[redacted]		see I-216		[redacted]
2				MEXIC	NTA-NEW	Male					see I-216		
3				MEXIC	NTA-NEW	Female					see I-216		
4				GHANA	ER-NEW	Male					see I-216		
5				SOMAL	ER-NEW	Male					see I-216		
6				SOMAL	ER-NEW	Male					see I-216		
7				INDIA	ER-NEW	Male					see I-216		
8				INDIA	ER-NEW	Male					see I-216		
9											see I-216		
10											see I-216		
11											see I-216		
12											see I-216		
13											see I-216		
14											see I-216		
15											see I-216		
16											see I-216		
17											see I-216		
18											see I-216		
19											see I-216		
20											see I-216		

* Cite Basis for Detention / Release (e.g., NTA, Reinstatement, Administrative Removal, Expedited Removal, Room & Board, Bond, I-Order, Order of Supervision, Order of Recognizance, etc.)

Printed Name and Signature of Receiving Officer: Garcia

Title, Office and Telephone Number: DO OMDC

Printed Name and Signature of Officer Directing Action:

Date: 6/21/2017

Title, Office and Telephone Number: OMDC/CCA 619 661-3890

Form I-203A/B (Rev. 08/26/05)N

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CCOG00043058

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DRAFT

Form I-216
U.S. DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION & CUSTOMS ENFORCEMENT
(Rev.04/26/11)

DRAFT

Manifest No. 4020361 (page 1 of 2)

Transfer Date: 12/12/18

RECORD OF PERSONS TRANSFERRED

FROM: OTAY MESA DETENTION CENTEI
Origin FO: SAN DIEGO, CA

VIA (1)
VIA (2)

TO: ETOWAH COUNTY JAIL (AL)
Dest. FO: ERO - Etowah, AL Sub-Office

MODE:
Other:

File No.	Name of Person LAST	Name of Person FIRST	DOB	Nationality	Status (1)	Sex	Criminal History	Gang Membership	Class. Level	Fins #	Subject ID	Comments (2)
[redacted]				SOMAL	8G	M	NC	N	LO	[redacted]		
				MEXIC	8D	M	Larceny	N	ML			
				MEXIC	8C	M	NC	N	ML			
				MEXIC	8D	M	Driving Under Influence Liquor	N	LO			
				INDIA	8G	M	NC	N	LO			
				MEXIC	3	M	Smuggling Aliens	N	HI			
				ELSAL	5C	M	Robbery	N	MH			
				MEXIC	16	M	Burglary	N	ML			
				ELSAL	2A	M	Threat Terrorize State Officers	N	HI			
				SOMAL	8G	M	NC	N	LO			
				MEXIC	8D	M	Possession Of Weapon	N	ML			
				MEXIC	8C	M	Hit and Run	N	MH			
				CAMER	8G	M	NC	N	LO			
				MEXIC	8G	M	NC	N	LO			
				HONDU	11	M	Robbery	N	HI			
				ELSAL	5B	M	Domestic Violence	N	HI			
				ELSAL	8G	M	Illegal Entry	N	LO			
				MEXIC	8B	M	NC	N	MH			
				ETHIO	8G	M	NC	N	LO			
				MEXIC	8D	M	Driving Under Influence Liquor	N	ML			

I certify compliance with all ICE Detention and Transfer Standards and ICE Air Boarding Requirements for this ICE Air/Charter movement.

Name and Title B. Park, SDDO

Office:

Contact Number(s):

DRAFT

(1) - Show whether transfer or removal. For transfers show whether NTA or Final Order (F/O)

(2) - Show medical conditions, high risk, flight risk, epileptic, insane, etc.

Use a separate line for each person transferred.
This form is to be executed in sufficient number of copies to allow receiving officer to retain one copy of his personal expense voucher and two additional copies for station of final delivery.

DRAFT

Received the above listed persons

Signature:

Title: (A)SDDO 7G2196

Place and Date: 12-12-2018

CONFIDENTIAL

CCOG00043060

CONFIDENTIAL

DRAFT

Form I-216
U.S. DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION & CUSTOMS ENFORCEMENT
(Rev 04/26/11)

DRAFT

Manifest No. 4020361 (page 2 of 2)

Transfer Date: 12/12/18

RECORD OF PERSONS TRANSFERRED

FROM: OTAY MESA DETENTION CENTE
Origin FO: SAN DIEGO, CA

VIA (1) _____
VIA (2) _____

TO: ETOWAH COUNTY JAIL (AL)
Dest. FO: ERO - Etowah, AL Sub Office

MODE: _____
Other: _____

File No.	Name of Person LAST	Name of Person FIRST	DOB	Nationality	Status (1)	Sex	Criminal History	Gang Membership	Class. Level	Fins #	Subject ID	Comments (2)
[redacted]				ELSAL	8C	M	Cruelty Toward Wife	N	MH	[redacted]		
				MEXIC	8D	M	Driving Under Influence Drugs	N	ML			
				MEXIC	16	M	Fraud - Impersonating	N	LO			
				MEXIC	16	M	NC	N	LO			
				MEXIC	8C	M	Amphetamine - Sell	N	ML			
				MEXIC	8G	M	Driving Under Influence Liquor	N	LO			
				MEXIC	8D	M	Burglary	N	ML			
				VENEZ	8G	M	NC	N	LO			

I certify compliance with all ICE Detention and Transfer Standards and ICE Air Boarding Requirements for this ICE Air/Charter movement.

Name and Title: Park, SDDO Office: Contact Number(s):

DRAFT

DRAFT

(1) - Show whether transfer or removal. For transfers show whether NTA or Final Order (FiO)

(2) - Show medical conditions, high risk, flight risk, epileptic, insane, etc.

Use a separate line for each person transferred.
This form is to be executed in sufficient number of copies to allow receiving officer to retain one copy of his personal expense voucher and two additional copies for station of final delivery.

Received the above listed persons

Signature: _____

Title: (A) SDDO 762196

Place and Date: 12-12-2018

CONFIDENTIAL

CCOG00043062

CONFIDENTIAL

OTAY MESA DETENTION CENTER

TRUST ACCOUNT CLOSING RECEIPT

Print Date: 12/12/18

Print Time: 8:27AM

Disclaimer

Inmate Name: [redacted] Agency Number: [redacted]

This is the cashier's authorization to pay to the above named inmate the total sum of the inmate's trust account balances. The inmate is being released from the facility and his/her trust account balance as of 12/12/18 was as follows:

Account 1 Balance:	$14.16
Account 2 Balance:	$0.00
Total:	$14.16

The inmate by signing below acknowledges receipt of the funds shown in full settlement of his/her account balances and recognizes that any check received will become void after 180 days from the date of the check. The inmate's signature also acknowledges that he/she is responsible for any bank charges related to stopping payment and replacement of a check.

12.12.18

Signature and Employee # of Employee Releasing Inmate

[redacted] 12.12.18

Inmate's Signature and Date

12.12.18

Signature and Employee # of Cashier

Trust Account Closing Receipt

CCOG00043063

CONFIDENTIAL

CCOG00043064

CONFIDENTIAL

Offender Information and Controls Print Screen | Help

Offender Code: [redacted] Facility OTM Institution OTM Last Name [redacted] First Name Housing Unit Account Status Active

Settings/Controls Contact List Restrictions System Usage Group Assn Media

PIN [redacted] Offender Kiosk Balance $0.00 Expected Release Refund Amount $0.00

Inmate Fund Account Information
Available Balance
Get Offender Fund Balance

Individual Control Settings

Locked ☐ Parameters ☐ Time Restriction ☐ Unique Restrictions ☐ End Date: Block All ☐ Restricted Viewing ☐ Group Member ☐ Contact Pre-Approval ☐

Release Offender Close

https://ccaadmin.cca.inmate.local/InmateKioskAdmin/Screens/InmateInfoAndControls.as... 12/12/2018

CCOG00043065

CONFIDENTIAL

CCOG00043066

CONFIDENTIAL

Appendix 2.2.A: ICE Custody Classification Worksheet

ICE Custody Classification Worksheet*

120 day Reclass

Part 1. Basic Information		Initial ☐	Reclassification ☑	Special Classification ☐
Field/Sub Office:	SAN DIEGO	Facility: OMDC		Date: 08/27/18
Officer Name:	L.KING	Language(s) Used during the Interview: ENGLISH		Interpreter line: ☐

Alien Number:	[redacted]	DOB:	[redacted]	Gender:	☐ F ☒ M
Last Name:	[redacted]	First Name:	[redacted]		

Part 2. Special Vulnerabilities and Management Concerns	
Does a Special Vulnerability exist? Inquire, observe, and review all documentation. If based on your assessment the vulnerability exists, select the appropriate boxes below. Also indicate whether there are other management concerns that may affect the custody decision.	☐ Y ☒ N
☐ serious physical illness ☐ serious mental illness ☐ disability ☐ elderly ☐ pregnancy ☐ nursing ☐ sole caretaking responsibility ☐ risk based on sexual orientation/gender identity ☐ victim of persecution/torture ☐ victim of sexual abuse or violent crime ☐ victim of human trafficking ☐ other (specify):	
Provide further explanation as necessary:	
If any boxes are checked, consult with the local ICE Field Office regarding appropriate placement and other management considerations, and record the date and time of consultation here:	

CCOG00043067

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CCOG00043068

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Part 3. Custody Classification Worksheet

1 Severity of Charge/ Conviction Associated with the ICE Encounter (Use Appendix 2.2.C Severity of Offense Scale)

		Enter the score here:
None : IMMIGRATION	0	0
Low:	2	
Moderate:	4	
High	6	
Highest	7	

2 Single Most Serious Conviction in the Individual's Criminal History (Excluding Item 1).
list conviction regardless of time frame:

See Appendix 2.2.C

	None	>15 Years	10-15 Years	5-10 Years	< 5 Years	Enter the score here:
Highest	0 ✓	5	5	6	7	0
High	0 ✓	5	5	6	6	
Moderate	0 ✓	1	2	3	4	
Low	0 ✓	0	0	1	2	

3 Additional Prior Convictions (Excluding Items 1 and 2)

		Enter the score here:
None	0	0
1-2 misdemeanors, no felonies	1	
3-4 misdemeanors, or 1 felony	2	
5 or more misdemeanors, or 2 felonies	4	

4 Supervision History

		Enter the score here:
None	0	0
Walk-away or attempted escape from an unsecured facility, absconding, bond breach, violations of prior voluntary departure orders or conditions of supervision, or prior revocation of supervision	3	
Escape or attempted escape from a secure facility	7	

5 Security Threat Group (STG) - List below

		Enter the score here:
The individual has no known membership or affiliation with an STG	0	0
The individual is a member of an STG :	5	

6 History/Pattern of Violence (Two or more arrests most recent arrest)

		Enter the score here:
15 or more years ago	1	0
Over 10 years and less than 15 years ago	2	
Over 5 years and less than 10 years ago	3	
Within the last 5 years	5	

7 Number of Sustained Disciplinary Infractions Involving Violence or Behavior Representing a Threat to the Facility (Institution(s)) List Offense Code (Greatest and/or High using Appendix 2.2: Disciplinary Offense Involving Violence or Behavior Representing a Threat to the facility)

		Enter the score here:
None	0	0
One	2	
Two	4	
Three or more	6	
Check if data not available:	☐	

Total Custody Classification Score 0

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	Custody Level Guideline Ranges				
If the person has no violent conviction for a violent offense, use this table.			If the person has a conviction for a violent offense, use this table.		
0	Low Custody	0-2			
	Medium-Low Custody	3-5			
	Medium-High Custody	6-11			0-6
	High Custody	12+			7+

If the Officer makes a custody recommendation outside of the custody level guideline ranges above, provide the rationale and include aggravating/ mitigating circumstances that were considered in the decision:

Recommendation Outside the Guideline Ranges	Low ☑	Medium-Low ☐	Medium-High ☐	High ☐		
Officer Signature				Date		

In the section below, check the custody level of the individual's housing assignment, following the guidance provided in the instructions, F. Housing Assignment.

For purposes of housing medium-custody individuals with low-or high level custody individuals, use the following guidelines:

Medium-Low may be housed with low custody individuals;

Medium-High may be housed with high-custody individuals; but,

Low custody individuals may never be housed with high-custody individuals, or medium custody individuals who have any history of assaultive or combative behavior.

If the individual is to be placed in administrative segregation, a copy of the administrative segregation order shall be immediately provided to the Field Office Director or his designee, as required by Standard 2.12 "Special Management Units."

Final Housing Assignment Custody Level	Low ☑	Medium-Low ☐	Medium-High ☐	High ☐	Administrative ☐

RECLASS: DETAINEE SIGNATURE: [redacted]

Supervisor Signature	L.KING	Date	08/27/2018

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J101

Form 18-100A

OTAY MESA DETENTION CENTER

Classification Status Review

48 Hours Notice of Hearing

Inmate Name [redacted] (Print) IDOC # [redacted] (Print)

Reason for classification: ☒ Scheduled ☐ Unscheduled

I understand that I am scheduled to meet with my counselor for a classification hearing on or about 8/26/18 (Date)

I understand that this hearing will take place no sooner than 48 hours from the date of this notice.

I waive the right to be present at the hearing and choose to sign my reclassification form now. ☐ Yes ☐ No _____ (Inmate Signature)

Inmate Signature [redacted] Date 08-20-2018

Staff Signature C/m King Date 8/20/18

Original: Inmate File Copy: Inmate

602605-2639

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CCOG00043074

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Appendix 2.2.A: ICE Custody Classification Worksheet

ICE Custody Classification Worksheet*

Part 1. Basic Information		Initial ☐	Reclassification ☑	Special Classification ☐
Field/Sub Office:	SAN DIEGO	Facility: OMDC		Date: 5/14/18
Officer Name:	L.KING	Language(s) Used during the Interview: ENGLISH		Interpreter line: ☐

Alien Number:	[redacted]	DOB:	[redacted]	Gender:	☐ F ■ M
Last Name:	[redacted]	First Name:	[redacted]		

Part 2. Special Vulnerabilities and Management Concerns	
Does a Special Vulnerability exist? Inquire, observe, and review all documentation. If based on your assessment the vulnerability exists, select the appropriate boxes below. Also indicate whether there are other management concerns that may affect the custody decision.	☐ Y ■ N
☐ serious physical illness ☐ serious mental illness ☐ disability ☐ elderly ☐ pregnancy ☐ nursing ☐ sole caretaking responsibility ☐ risk based on sexual orientation/gender identity ☐ victim of persecution/torture ☐ victim of sexual abuse or violent crime ☐ victim of human trafficking ☐ other (specify):	
Provide further explanation as necessary:	
If any boxes are checked, consult with the local ICE Field Office regarding appropriate placement and other management considerations, and record the date and time of consultation here:	

90 - 120 DAY REVIEW

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CCOG00043076

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Part 3. Custody Classification Worksheet

1 Severity of Charge/ Conviction Associated with the ICE Encounter (Use Appendix 2.2.C Severity of Offense Scale)

None : IMMIGRATION	0	Enter the score here: 0
Low	2	
Moderate	4	
High	6	
Highest	7	

2 Single Most Serious Conviction in the Individual's Criminal History (Excluding Item 1). list conviction regardless of time frame:

See Appendix 2.2.C	None	>15 Years	10-15 Years	5-10 Years	< 5 Years	Enter the score here:
Highest	0 ✓	5	5	6	7	0
High	0 ✓	5	5	6	6	
Moderate	0 ✓	1	2	3	4	
Low	0 ✓	0	0	1	2	

3 Additional Prior Convictions (Excluding Items 1 and 2)

None	0	Enter the score here: 0
1-2 misdemeanors, no felonies	1	
3-4 misdemeanors, or 1 felony	2	
5 or more misdemeanors, or 2 felonies	4	

4 Supervision History

None	0	Enter the score here: 0
Walk-away or attempted escape from an unsecured facility, absconding, bond breach, violations of prior voluntary departure orders or conditions of supervision, or prior revocation of supervision	3	
Escape or attempted escape from a secure facility	7	

5 Security Threat Group (STG) - List below

The individual has no known membership or affiliation with an STG	0	Enter the score here: 0
The individual is a member of an STG	5	

6 History/Pattern of Violence (Two or more arrests most recent arrest)

15 or more years ago	1	Enter the score here: 0
Over 10 years and less than 15 years ago	2	
Over 5 years and less than 10 years ago	3	
Within the last 5 years	5	

7 Number of Sustained Disciplinary Infractions Involving Violence or Behavior Representing a Threat to the Facility (Institutionals) List Offense Code (Greatest and/or High using Appendix 2.2: Disciplinary Offense Involving Violence or Behavior Representing a Threat to the facility):

None	0	Enter the score here: 0
One	2	
Two	4	
Three or more	6	
Check if data not available:	☐	

Total Custody Classification Score 0

CCOG00043077

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	Custody Level Guideline Ranges				
If the person has no violent conviction for a violent offense, use this table.			If the person has a conviction for a violent offense, use this table.		
0	Low Custody	0-2			
	Medium-Low Custody	3-5			0-6
	Medium-High Custody	6-11			7+
	High Custody	12+			

If the Officer makes a custody recommendation outside of the custody level guideline ranges above, provide the rationale and include aggravating/ mitigating circumstances that were considered in the decision:

Recommendation Outside the Guideline Ranges	Low ☑	Medium-Low ☐	Medium-High ☐	High ☐	
Officer Signature			Date		

In the section below, check the custody level of the individual's housing assignment, following the guidance provided in the instructions, F. Housing Assignment.

For purposes of housing medium-custody individuals with low-or high level custody individuals, use the following guidelines:

Medium-Low may be housed with low custody individuals;

Medium-High may be housed with high-custody individuals; but,

Low custody individuals may never be housed with high-custody individuals, or medium custody individuals who have any history of assaultive or combative behavior.

If the individual is to be placed in administrative segregation, a copy of the administrative segregation order shall be immediately provided to the Field Office Director or his designee, as required by Standard 2.12 "Special Management Units."

Final Housing Assignment Custody Level	Low ☑	Medium-Low ☐	Medium-High ☐	High ☐	Administrative ☐

RECLASS:INMATE SIGNATURE: [redacted]

Supervisor Signature	L.KING	Date	5/14/18

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CCOG00043080

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Form 18-100A

CCA OTAY MESA DETENTION CENTER

Classification Status Review

48 Hours Notice of Hearing

Inmate Name [redacted] IDOC # [redacted]
(Print) (Print)

Reason for classification: ☒ Scheduled ☐ Unscheduled

I understand that I am scheduled to meet with my counselor for a classification hearing on or about 5/11/18
(Date)

I understand that this hearing will take place no sooner than 48 hours from the date of this notice.

I waive the right to be present at the hearing and choose to sign my reclassification form now. ☐ Yes ☐ Now _____
(Inmate Signature)

Inmate Signature [redacted] Date 30/04/2018

Staff Signature Clm King Date 4/30/18

Original: Inmate File Copy: Inmate

602605-2639

CCOG00043081

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CCOG00043082

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Appendix 2.2.A: ICE Custody Classification Worksheet

ICE Custody Classification Worksheet*

Part 1. Basic Information		Initial ☐	Reclassification ☑	Special Classification ☐
Field/Sub Office:	San Diego	Facility: Otay Mesa Detention Facility	Date: 01/16/2018	
Officer Name:	A.LOWERY	Language(s) Used during the Interview: English	Interpreter line: ☐	

Alien Number:	[redacted]	DOB:	[redacted]	Gender:	☐ F ■ M
Last Name:	[redacted]	First Name:	[redacted]		

Part 2. Special Vulnerabilities and Management Concerns	
Does a Special Vulnerability exist? Inquire, observe, and review all documentation. If based on your assessment the vulnerability exists, select the appropriate boxes below. Also indicate whether there are other management concerns that may affect the custody decision.	☐ Y ■ N
☐ serious physical illness ☐ serious mental illness ☐ disability ☐ elderly ☐ pregnancy ☐ nursing ☐ sole caretaking responsibility ☐ risk based on sexual orientation/gender identity ☐ victim of persecution/torture ☐ victim of sexual abuse or violent crime ☐ victim of human trafficking ☐ other (specify):	
Provide further explanation as necessary:	
90-120 DAY RE-CLASSIFICATION	
If any boxes are checked, consult with the local ICE Field Office regarding appropriate placement and other management considerations, and record the date and time of consultation here:	

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CCOG00043084

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Part 3. Custody Classification Worksheet

1 Severity of Charge/ Conviction Associated with the ICE Encounter (Use Appendix 2.2.C Severity of Offense Scale)

		Enter the score here:
None	0	0
Low	2	
Moderate	4	
High	6	
Highest	7	

2 Single Most Serious Conviction in the Individual's Criminal History (Excluding Item 1).
list conviction regardless of time frame:

See Appendix 2.2.C

	None	>15 Years	10-15 Years	5-10 Years	< 5 Years	Enter the score here:
Highest	0 ✓	5	5	6	7	0
High	0 ✓	5	5	6	6	
Moderate	0 ✓	1	2	3	4	
Low	0 ✓	0	0	1	2	

3 Additional Prior Convictions (Excluding Items 1 and 2)

		Enter the score here:
None	0	0
1-2 misdemeanors, no felonies	1	
3-4 misdemeanors, or 1 felony	2	
5 or more misdemeanors, or 2 felonies	4	

4 Supervision History

		Enter the score here:
None	0	0
Walk-away or attempted escape from an unsecured facility, absconding, bond breach, violations of prior voluntary departure orders or conditions of supervision, or prior revocation of supervision	3	
Escape or attempted escape from a secure facility	7	

5 Security Threat Group (STG) - List below

		Enter the score here:
The individual has no known membership or affiliation with an STG	0	0
The individual is a member of an STG	5	

6 History/Pattern of Violence (Two or more arrests most recent arrest)

		Enter the score here:
15 or more years ago	1	0
Over 10 years and less than 15 years ago	2	
Over 5 years and less than 10 years ago	3	
Within the last 5 years	5	

7 Number of Sustained Disciplinary Infractions Involving Violence or Behavior Representing a Threat to the Facility (Institution(s)) List Offense Code (Greatest and/or High using Appendix 2.2: Disciplinary Offense Involving Violence or Behavior Representing a Threat to the facility):

		Enter the score here:
None	0	0
One	2	
Two	4	
Three or more	6	
Check if data not available:	✓	

Total Custody Classification Score 0

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	Custody Level Guideline Ranges				
If the person has no violent conviction for a violent offense, use this table.			If the person has a conviction for a violent offense, use this table.		
	Low Custody	0-2			
	Medium-Low Custody	3-5			
0	Medium-High Custody	6-11			0-6
	High Custody	12+			7+

If the Officer makes a custody recommendation outside of the custody level guideline ranges above, provide the rationale and include aggravating/ mitigating circumstances that were considered in the decision:

Recommendation Outside the Guideline Ranges	Low ☑ Medium-Low ☐ Medium-High ☐ High ☐		
Officer Signature		Date	

In the section below, check the custody level of the individual's housing assignment, following the guidance provided in the instructions, F. Housing Assignment.

For purposes of housing medium-custody individuals with low-or high level custody individuals, use the following guidelines:

Medium-Low may be housed with low custody individuals;

Medium-High may be housed with high-custody individuals; but,

Low custody individuals may never be housed with high-custody individuals, or medium custody individuals who have any history of assaultive or combative behavior.

If the individual is to be placed in administrative segregation, a copy of the administrative segregation order shall be immediately provided to the Field Office Director or his designee, as required by Standard 2.12 "Special Management Units."

Final Housing Assignment Custody Level	Low ☑ Medium-Low ☐ Medium-High ☐ High ☐ Administrative ☐

90-120 DAY RE-CLASSIFICATION

DETAINEE SIGNATURE: [redacted]

Supervisor Signature	A.LOWERY	Date	01/16/2018

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90-120

Form 18-100A

CCA OTAY MESA DETENTION CENTER

Classification Status Review

48 Hours Notice of Hearing

Inmate Name [redacted] IDOC # [redacted]
(Print) (Print)

Reason for classification: ☐ Scheduled ☐ Unscheduled

I understand that I am scheduled to meet with my counselor for a classification hearing on or about ~~10/21/17~~ A.L. 1/16/18
(Date)

I understand that this hearing will take place no sooner than 48 hours from the date of this notice.

I waive the right to be present at the hearing and choose to sign my reclassification form now. ☐ Yes ☐ Now _____
(Inmate Signature)

Inmate Signature [redacted] Date 1/12/18

Staff Signature _____ Date 1/13/18

Original: Inmate File Copy: Inmate

602605-2639

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P206

Appendix 2.2.A: ICE Custody Classification Worksheet

ICE Custody Classification Worksheet*

Part 1. Basic Information		Initial ☐	Reclassification ☑	Special Classification ☐
Field/Sub Office:	OTAY MESA	Facility: OMDC		Date: 9/19/2017
Officer Name:	VGuzman	Language(s) Used during the Interview:		Interpreter line: ☐

Alien Number:	[redacted]	DOB:	[redacted]	Gender:	☐ F ☒ M
Last Name:	[redacted]	First Name:	[redacted]		

Part 2. Special Vulnerabilities and Management Concerns	
Does a Special Vulnerability exist? Inquire, observe, and review all documentation. If based on your assessment the vulnerability exists, select the appropriate boxes below. Also indicate whether there are other management concerns that may affect the custody decision.	☐ Y ☒ N
☐ serious physical illness ☐ serious mental illness ☐ disability ☐ elderly ☐ pregnancy ☐ nursing ☐ sole caretaking responsibility ☐ risk based on sexual orientation/gender identity ☐ victim of persecution/torture ☐ victim of sexual abuse or violent crime ☐ victim of human trafficking ☐ other (specify):	
Provide further explanation as necessary:	
If any boxes are checked, consult with the local ICE Field Office regarding appropriate placement and other management considerations, and record the date and time of consultation here:	

60 - 90 DAY REVIEW

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Part 3. Custody Classification Worksheet

1 Severity of Charge/ Conviction Associated with the ICE Encounter (Use Appendix 2.2.C Severity of Offense Scale)

None IMMIGRATION	0	Enter the score here: 0
Low	2	
Moderate	4	
High	6	
Highest	7	

2 Single Most Serious Conviction in the Individual's Criminal History (Excluding Item 1). list conviction regardless of time frame:

See Appendix 2.2.C	None	>15 Years	10-15 Years	5-10 Years	< 5 Years	Enter the score here:
Highest	0	5	5	6	7	0
High	0	5	5	6	6	
Moderate	0	1	2	3	4	
Low	0	0	0	1	2	

3 Additional Prior Convictions (Excluding Items 1 and 2)

None	0	Enter the score here: 0
1-2 misdemeanors, no felonies	1	
3-4 misdemeanors, or 1 felony	2	
5 or more misdemeanors, or 2 felonies	4	

4 Supervision History

None	0	Enter the score here: 0
Walk-away or attempted escape from an unsecured facility, absconding, bond breach, violations of prior voluntary departure orders or conditions of supervision, or prior revocation of supervision	3	
Escape or attempted escape from a secure facility	7	

5 Security Threat Group (STG) - List below

The individual has no known membership or affiliation with an STG	0	Enter the score here: 0
The individual is a member of an STG	5	

6 History/Pattern of Violence (Two or more arrests most recent arrest)

15 or more years ago	1	Enter the score here: 0
Over 10 years and less than 15 years ago	2	
Over 5 years and less than 10 years ago	3	
Within the last 5 years	5	

7 Number of Sustained Disciplinary Infractions Involving Violence or Behavior Representing a Threat to the Facility (Institution(s)) List Offense Code (Greatest and/or High using Appendix 2.2: Disciplinary Offense Involving Violence or Behavior Representing a Threat to the facility):

None	0	Enter the score here: 0
One	2	
Two	4	
Three or more	6	
Check if data not available:	☐	

Total Custody Classification Score 0

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CCOG00043094

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	Custody Level Guideline Ranges				
If the person has no violent conviction for a violent offense, use this table.			If the person has a conviction for a violent offense, use this table.		
0	Low Custody	0-2			
	Medium-Low Custody	3-5			
	Medium-High Custody	6-11			0-6
	High Custody	12+			7+

If the Officer makes a custody recommendation outside of the custody level guideline ranges above, provide the rationale and include aggravating/ mitigating circumstances that were considered in the decision:

Recommendation Outside the Guideline Ranges	Low ☐ Medium-Low ☐ Medium-High ☐ High ☐		
Officer Signature		Date	

In the section below, check the custody level of the individual's housing assignment, following the guidance provided in the instructions, F. Housing Assignment.

For purposes of housing medium-custody individuals with low or high level custody individuals, use the following guidelines:

Medium-Low may be housed with low custody individuals;

Medium-High may be housed with high-custody individuals; but,

Low custody individuals may never be housed with high-custody individuals, or medium custody individuals who have any history of assaultive or combative behavior.

If the individual is to be placed in administrative segregation, a copy of the administrative segregation order shall be immediately provided to the Field Office Director or his designee, as required by Standard 2.12 "Special Management Units."

Final Housing Assignment Custody Level	Low ☑ Medium-Low ☐ Medium-High ☐ High ☐ Administrative ☐		
Detainees signature	[redacted]		
Supervisor Signature	YGUZMAN	Date	9/19/2017

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P2018

Form 18-100A

CCA OTAY MESA DETENTION CENTER

Classification Status Review

48 Hours Notice of Hearing

Inmate Name [redacted] IDOC # [redacted]
(Print) (Print)

Reason for classification: ☑ Scheduled ☐ Unscheduled

I understand that I am scheduled to meet with my counselor for a classification hearing on or about 9/6/17
(Date)

I understand that this hearing will take place no sooner than 48 hours from the date of this notice.

I waive the right to be present at the hearing and choose to sign my reclassification form now. ☐ Yes ☐ Now _____
(Inmate Signature)

Inmate Signature P[redacted] Date 9/6/17

Staff Signature _____ Date 9/6/17

Original: Inmate File Copy: Inmate

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CCOG00043097

CONFIDENTIAL

CCOG00043098

CONFIDENTIAL

14-28-DHS/FRS

SEXUAL ABUSE SCREENING TOOL

Facility:	CMDC	Date:	9/16/19
Detainee/Resident Name:	[redacted]		
Detainee/Resident ID Number:	[redacted]	Detainee/Resident DOB: [redacted]	Date of Arrival: 6/21/17

DETAINEE CHECKED AGAINST PREA NOTE REVIEW

CHECK ONE: ☐ Initial ☐ New Information ☑ 60-90 Day Assessment

SECTION I: VICTIMIZATION HISTORY/RISK

After interviewing the detainee/resident and recording observations and findings from the file review, indicate the following:

☐ Victim – Check here if detainee/resident answers YES to question 1 below

☐ Potential Victim – Check here if answering YES to three or more of remaining questions 2-11 below

☑ Not Applicable – Check here if detainee/resident has no known victimization history/risk

Detainee/Resident Questions	Response	
1. Have you been the victim of sexual abuse or unwelcome sexual activity? Was this in the community or while detained?	YES	NO
Comments:		
2. Do you feel that you are vulnerable to sexual abuse or assault while detained, or do you fear for your safety?	YES	NO
Comments:		
3. Is your sexual orientation or status lesbian, gay, bisexual, transgender, intersex or gender non-conforming?	YES	NO
Comments:		
4. Do you have a physical, mental, or developmental disability?	YES	NO
Comments:		
5. Do you have a current or prior conviction of sexual offense/abuse against a child or adult?	YES	NO
Comments:		
Staff Observation / File Review	**Response**	
6. Detainee/resident appears to be physically, developmentally, or mentally disabled.	YES	NO
Comments:		
7. Detainee/resident has a small build or appears to be vulnerable.	YES	NO
Comments:		
8. Detainee/resident appears to be gender non-conforming.	YES	NO
Comments:		
9. Detainee/resident has a youthful or elderly appearance which may contribute to vulnerability.	YES	NO
Comments:		
10. This is the first time the detainee/resident has been detained.	YES	NO
11. Detainee/resident has only non-violent or non-sexual offenses.	YES	NO

CONFIDENTIAL

14-2B-DHS/FRS

SEXUAL ABUSE SCREENING TOOL

Detainee/Resident Name		ID Number		Date	

SECTION II: PREDATORY HISTORY/RISK

After interviewing the detainee/resident and recording observations and findings from the file review, indicate the following:

- ☐ Predator – Check here if detainee/resident answers YES to question 12 below
- ☐ Potential Predator – Check here if answering YES to both questions 13 and 14 below
- ☑ Not Applicable – Check here if detainee/resident has no known predatory history/risk

Detainee/Resident Questions	Response	
12. Do you have a current or prior conviction of sexual offense/abuse against a child or adult?	YES	NO
Comments:		
13. Do you have a current or prior conviction of a violent offense against a child or adult?	YES	NO
Comments:		
14. Have you received a disciplinary sanction for violence while detained?	YES	NO
Comments:		

SECTION III: DISCREPANCIES BETWEEN THE INTERVIEW AND THE FILE REVIEW

15. Are there discrepancies between the interview and the file review?	YES	NO
Comments:		

Screener's Printed Name		Title	
Screener's Signature		Date	

Forward a copy of each completed form to classification/unit staff for housing, bed, work, education, and program assignments, and to the Health Services Department for further evaluation and screening.

Copy: Detainee/Resident File
Classification/Unit Staff
Health Services Department
Medical File

CCOG00043100

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14-2B-DHS/FRS

SEXUAL ABUSE SCREENING TOOL

DIRECTIONS FOR COMPLETION

1. [illegible] is against a person(s) and would not include destruction of property.

2. It should also be noted that questions 5 and 12 are the same ("Do you have a current or prior conviction of sexual offense/abuse against a child or adult?"). The question only needs to be asked once, but the response should be provided in both areas. It has been intentionally duplicated in both sections I and II based on the fact this behavior can be both an indicator of potential victimization and predatory behavior.

3. With the exception of numbers 10 and 11, comments should be provided for any YES answer in the space provided below each question or staff observation/file review item. As an example, if the detainee/resident responds he/she has been the victim of sexual assault or unwelcomed activity, and is willing to share information regarding the incident, provide a brief description (i.e. raped while in the community, sexually abused by a parent when young, other detainees/residents sexually harassed him/her, etc.).

4. If the staff observations or file reviews are in conflict with the answers provided by the detainee/resident, it should be noted and any additional YES answers should be taken into consideration in the scoring of each area. (i.e. the detainee/resident responds that he/she has not been convicted of a sexual offense, but the file review reveals a criminal conviction for a sexual offense; the detainee/resident should receive a YES response for that question).

5. PREA (Prison Rape Elimination Act) alerts for the purpose of tracking predators, potential predators, victims and potential victims are in OMS as follows:

   - HOUP – Housing P (Predator);
   - HOUPP – Housing PP (Potential Predator);
   - HOUPV – Housing PV (Potential Victim); and
   - HOUV – Housing V (Victim).

   Use of these alerts should correspond with the findings of the 14-2B-DHS/FRS Sexual Abuse Screening Tool. As an example, if an individual answers YES to question(s) one, the Victim box should be checked on the 14-2B-DHS/FRS and they should be assigned an alert for HOUV in OMS. If the screening tool reflects YES answers to three or more of the questions 2 through 11, the Potential Victim box should be checked on the 14-2B-DHS/FRS and an alert for HOUPV should be entered in OMS. This same direction applies to answers related to predatory history/risk; however, it should be noted that the detainee/resident must answer YES to both questions 13 and 14 to be considered a Potential Predator.

6. It is very important that the completed Sexual Abuse Screening Tools (14-2B-DHS/FRS) get forwarded to the Health Services Department to ensure the completion of further mental health screening and evaluation.

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9-12A

STG QUESTIONNAIRE

FACILITY:	[redacted]		
INMATE/R	Agency #: [redacted]	ID NUMBER:	
DATE OF	DOB: [redacted] Date Committed: 8/21/17 8:15 pm		
NICKNAME / AKA / MONIKER (s):	None		

I. INMATE/RESIDENT ADVISEMENT

Inmate/Resident (printed name): [redacted] was advised on (date): 8/22/17 that failure to respond to the questions in a truthful manner could result in disciplinary action being taken. In addition, Information obtained can be released to the contracting agency and/or law enforcement.

II. RACE (Note: Check applicable race(s) as expressed by the inmate/resident):

- ☐ White
- ☒ Black or African American
- ☐ Hispanic/Latino
- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander

III. QUESTIONS

1. Where is your Hometown? None [redacted]		
2. Are you related to or do you know any employees of this facility?	☐ Yes - If yes, Name & Relationship: ☒ No ☐ Unknown	
3. Do you have any tattoos? ☒ No ☐ YES	If Yes --Describe: ____ If Yes – When: ____ Where: ____	
4. Have you ever been involved in a gang, disruptive group?	☐ Yes (**see note below)	☒ No (*see note below)
5. Have you ever been associated with a terrorist organization or involved in terrorist activities?	☐ Yes (**see note below)	☒ No (*see note below)

**IF THE ANSWER TO #4 OR #5 IS "YES," COMPLETE QUESTIONS 6-23 BELOW. **If THE ANSWER TO #5 IS "YES," COMPLETE A 9-12C IN ADDITION TO 9-12A.

* IF THE ANSWER TO #4 AND/OR #5 IS "NO," PROCEED TO SECTION IV; **UNLESS** THERE ARE SPECIFIC CHARACTERISTICS ABOUT THE SUSPECT WHICH ARE BELIEVED TO BE TRUE, BASED UPON CREDIBLE EVIDENCE TO SUPPORT ASSIGNMENT AND APPROVAL; THEN PROCEED WITH COMPLETING QUESTIONS 6-23 BELOW.

6. What is the name of the group?	____		
7. Are you a member or an associate?	☐ Member	☐ Associate	
8. At what age did you become a member?	____		
9. Did you become a member or associate before or after incarceration?	☐ Before ☐ After	How long involved? ____	
10. Describe how you became a member?	____		
11. Do you hold a position of rank in the group?	☐ Yes - if yes, Position;	☐ No	
12. Are there other members of the group at this facility?	☐ Yes ☐ No ☐ Unknown		
13. Who are enemies of the group?	____		

OCTOBER 1, 2009

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9-12A

STG QUESTIONNAIRE

14. Do you associate with any other groups?	☐ Yes – if yes, who:	☐ No
15. Does the group have contact with other groups outside of the facility?	☐ Yes – if Yes, Who: ____ Where: ____	☐ No
16. Does the group receive financial support from outside the facility?	☐ Yes – if Yes, From Who: ____ How: ____	☐ No
17. Have you ever been ordered to assault or "hit" anyone?	☐ Yes – if Yes, Who: ____ Why: ____	☐ No
18. How do members of the group communicate?	____	
19. Who is/are the leader(s) of the group at the facility?	____	
20. Who is/are the leader(s) of the group in your housing unit?	____	
21. How does the leadership structure of the group function?	____	
22. Do you want out of the group?	☐ Yes	☐ No
23. Do you fear for your safety as a result of your membership/affiliation with the group?	☐ Yes – if Yes, From Who: ____	☐ No

Interviewer Printed Name: Delam Date: 060217
(STG Coordinator/Designee)

Interviewer Signature _____ Date: 060217

NOTE: This form can be completed and filed electronically via the CCA/STG designated intranet site; therefore, this hard copy form is required only where a hard copy file is being maintained.

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9-12A

STG QUESTIONNAIRE
To Be Completed By Interviewer

IV. INTERVIEWER COMMENTS

Inmate/resident's demeanor during interview: ☒ Cooperative ☐ Uncooperative

Interviewer's Comments:

denies gang affiliation

List and describe location of scars, brands, tattoos or other identifying marks of body:
S= Scars B= Brands T= Tattoos O = Other (explain)

S- back of head from being hit w/ a knife

Determining factors to conclude reasonable suspicion:

NONE

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Assessment Questionnaire Information

Print Date/Time: 06/22/2017 2:18:02AM

14-28

Facility: OTAY MESA DETENTION CENTER

Assessments For: [redacted]

Agency #: [redacted] DOB: [redacted] Commitment Date: 06/21/2017

Assessment Type: INITIAL SCREENING TOOL

Date/Time of Screening: 06/22/2017 1:24 am Screening Officer: Delara, Brenda

#	Question	Answer
	SECTION I: VICTIMIZATION HISTORY/RISK POTENTIAL VICTIM	
1	HAVE YOU BEEN THE VICTIM OF SEXUAL ABUSE OR UNWELCOME SEXUAL ACTIVITY?	NO
2	HAVE YOU EVER BEEN THREATENED WITH SEXUAL ASSAULT BY ANOTHER INMATE/RESIDENT WHILE INCARCERATED?	NO
3	HAVE YOU EVER BEEN APPROACHED BY ANOTHER INMATE/RESIDENT FOR SEX WHILE INCARCERATED?	NO
4	DO YOU FEEL THAT YOU ARE VULNERABLE TO SEXUAL ABUSE OR ASSAULT WHILE INCARCERATED?	NO
5	IS YOUR SEXUAL ORIENTATION OR STATUS LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX OR GENDER NON-CONFORMING OR DO YOU BELIEVE YOU ARE PERCEIVED TO BE LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX OR GENDER NON-CONFORMING?	NO
6	DO YOU HAVE A PHYSICAL, MENTAL, OR DEVELOPMENTAL DISABILITY?	NO
7	DO YOU HAVE A CURRENT OR PRIOR CONVICTION OF SEXUAL OFFENSE/ABUSE AGAINST A CHILD OR ADULT?	NO
8	INMATE/RESIDENT APPEARS TO BE PHYSICALLY, DEVELOPMENTALLY, OR MENTALLY DISABLED.	NO
9	INMATE/RESIDENT HAS A SMALL BUILD OR APPEARS TO BE VULNERABLE.	NO
10	INMATE/RESIDENT APPEARS TO BE GENDER NON-CONFORMING.	NO
11	INMATE/RESIDENT APPEARS TO BE A LONER, INTROVERTED, OR NAIVE.	NO
12	INMATE/RESIDENT HAS A YOUTHFUL OR ELDERLY APPEARANCE WHICH MAY CONTRIBUTE TO VULNERABILITY.	NO
13	THIS IS THE FIRST TIME THE INMATE/RESIDENT HAS BEEN INCARCERATED. Additional Information: FIRST INCARCERATION	YES
14	INMATE/RESIDENT HAS ONLY NON-VIOLENT OFFENSES OR INSTITUTION RECORD. Additional Information: NON VIOLENT OFFENSES	YES
15	INMATE/RESIDENT IS BEING DETAINED SOLELY FOR CIVIL IMMIGRATION PURPOSES. Additional Information: IMMIGRATION HOLD	YES
	SECTION II: PREDATORY HISTORY/RISK NOT APPLICABLE	
16	DO YOU HAVE A PREVIOUS CONVICTION OF SEXUAL ASSAULT OR ABUSE IN A PRISON OR JAIL?	NO
17	HAVE YOU RECEIVED A DISCIPLINARY SANCTION FOR SEXUAL ABUSE WHILE INCARCERATED IN A PRISON OR JAIL?	NO
18	DO YOU HAVE A CURRENT OR PRIOR CONVICTION OF SEXUAL OFFENSE/ABUSE AGAINST A CHILD OR ADULT?	NO
19	DO YOU HAVE A CURRENT OR PRIOR CONVICTION OF A VIOLENT OFFENSE AGAINST A CHILD OR ADULT?	NO
20	HAVE YOU RECEIVED A DISCIPLINARY SANCTION FOR VIOLENCE WHILE INCARCERATED IN A PRISON OR JAIL?	NO
21	INMATE/RESIDENT HAS A SECURITY THREAT GROUP AFFILIATION.	NO
	SECTION III: Discrepancies between the interview and the file review	
22	ARE THERE DISCREPANCIES BETWEEN THE INTERVIEW AND THE FILE REVIEW?	NO

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Appendix 2.2.A: ICE Custody Classification Worksheet

ICE Custody Classification Worksheet*

Part 1. Basic Information		Initial ☑	Reclassification ☐	Special Classification ☐
Field/Sub Office:	SAN DIEGO	Facility: OMDC		Date: 06/21/2017
Officer Name:	DELARA	Language(s) Used during the Interview: ENGLISH		Interpreter line: ☐

Alien Number:	[redacted]	DOB:	[redacted]	Gender:	☐ F ■ M
Last Name:	[redacted]	First Name:	[redacted]		

Part 2. Special Vulnerabilities and Management Concerns	
Does a Special Vulnerability exist? Inquire, observe, and review all documentation. If based on your assessment the vulnerability exists, select the appropriate boxes below. Also indicate whether there are other management concerns that may affect the custody decision.	☐ Y ■ N
☐ serious physical illness ☐ serious mental illness ☐ disability ☐ elderly ☐ pregnancy ☐ nursing ☐ sole caretaking responsibility ☐ risk based on sexual orientation/gender identity ☐ victim of persecution/torture ☐ victim of sexual abuse or violent crime ☐ victim of human trafficking ☐ other (specify):	
Provide further explanation as necessary:	
If any boxes are checked, consult with the local ICE Field Office regarding appropriate placement and other management considerations, and record the date and time of consultation here:	

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Part 3. Custody Classification Worksheet

1 Severity of Charge/ Conviction Associated with the ICE Encounter (Use Appendix 2.2.C Severity of Offense Scale)

None IMMIGRATION	0	Enter the score here: 0
Low	2	
Moderate	4	
High	6	
Highest	7	

2 Single Most Serious Conviction in the Individual's Criminal History (Excluding Item 1). list conviction regardless of time frame:

See Appendix 2.2.C	None	>15 Years	10-15 Years	5-10 Years	< 5 Years	Enter the score here:
Highest	0 ✓	5	5	6	7	0
High	0 ✓	5	5	6	6	
Moderate	0 ✓	1	2	3	4	
Low	0 ✓	0	0	1	2	

3 Additional Prior Convictions (Excluding Items 1 and 2)

None	0	Enter the score here: 0
1-2 misdemeanors, no felonies	1	
3-4 misdemeanors, or 1 felony	2	
5 or more misdemeanors, or 2 felonies	4	

4 Supervision History

None	0	Enter the score here: 0
Walk-away or attempted escape from an unsecured facility, absconding, bond breach, violations of prior voluntary departure orders or conditions of supervision, or prior revocation of supervision	3	
Escape or attempted escape from a secure facility	7	

5 Security Threat Group (STG) - List below

The individual has no known membership or affiliation with an STG	0	Enter the score here: 0
The individual is a member of an STG	5	

6 History/Pattern of Violence (Two or more arrests most recent arrest)

15 or more years ago	1	Enter the score here: 0
Over 10 years and less than 15 years ago	2	
Over 5 years and less than 10 years ago	3	
Within the last 5 years	5	

7 Number of Sustained Disciplinary Infractions Involving Violence or Behavior Representing a Threat to the Facility (Institution(s)) List Offense Code (Greatest and/or High using Appendix 2.2: Disciplinary Offense Involving Violence or Behavior Representing a Threat to the facility):

None	0	Enter the score here: 0
One	2	
Two	4	
Three or more	6	
Check if data not available:	✓	

Total Custody Classification Score 0

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	Custody Level Guideline Ranges				
If the person has no violent conviction for a violent offense, use this table.			If the person has a conviction for a violent offense, use this table.		
0	Low Custody	0-2			
	Medium-Low Custody	3-5			
	Medium-High Custody	6-11			0-6
	High Custody	12+			7+

If the Officer makes a custody recommendation outside of the custody level guideline ranges above, provide the rationale and include aggravating/ mitigating circumstances that were considered in the decision:

Recommendation Outside the Guideline Ranges	Low ☐ Medium-Low ☐ Medium-High ☐ High ☐		
Officer Signature		Date	

In the section below, check the custody level of the individual's housing assignment, following the guidance provided in the instructions, F. Housing Assignment.

For purposes of housing medium-custody individuals with low-or high level custody individuals, use the following guidelines:

Medium-Low may be housed with low custody individuals;

Medium-High may be housed with high-custody individuals; but,

Low custody individuals may never be housed with high-custody individuals, or medium custody individuals who have any history of assaultive or combative behavior.

If the individual is to be placed in administrative segregation, a copy of the administrative segregation order shall be immediately provided to the Field Office Director or his designee, as required by Standard 2.12 "Special Management Units."

Final Housing Assignment Custody Level	Low ☑ Medium-Low ☐ Medium-High ☐ High ☐ Administrative ☐		
Supervisor Signature	T. TREVR	Date	6/22/17

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U.S. Immigration and Customs Enforcement

Enforcement and Removal Operations

U.S. Department of HomelandSecurity
7488 Calzada De La Fuente
San Diego, CA 92154

ICE Detainee Request Form
(Peticion de Detenido)

Last Name: [redacted]
(Apellido)

First Name: [redacted]
(Primer Nombre)

Housing Unit/Pod: J
(Unidad letra de Unidad)

Room #: 1010
(Habitacion)

Alien #: [redacted]
(Numero de Inmigracion)

Docket/Deportation Officer: S. Giono
(Oficial de ICE)

Nationality: [redacted]
(Nacionalidad)

- ☐ Who is my Deportation Officer? *(Quien es mi oficial de deportacion?)* Response:
- ☐ When is my next court date? *(Cuando sera mi proxima corte?)* Response:
- ☐ When will I get deported? *(Cuando sere deportado?)* Response:
- ☑ What is my case status? *(Cual es el estado de mi caso?)* Response:
- ☑ Other/*Otros*: Dear Sir since the BIA refer my case to the immigration court I have my information about it. Please give me information concerning my case status of BIA refer. Thank you

Detainee Signature: [redacted]
(Firma del Detenido)

Request Date: 07-15-2018
(Fecha de Solicitud)

ICE Response:
NO COURT DATE HAVE BEEN SETUP AT THIS MOMENT CASE WAS REMENDED BACK TO IMMIGRATION COURT. WHERE YOU ARE STILL PENDING COURT DATE

ICE Officer Name: Richter (Print)

ICE Officer Signature:

Date Received: JUL 16 2018

Request Number: 3234

Date Responded: 07/16/2018

Notice! You must fill out this form completely, or it will not be delivered to your Deportation Officer.
Aviso! Debe llenar esta forma completamente, o no sera entregada a su oficial de deportatcion.

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U.S. Immigration and Customs Enforcement

U.S. Department of Homeland Security
7488 Calzada De La Fuente
San Diego, CA 92154

ICE Detainee Request Form
(Peticion de Detenido)

Last Name: [redacted] (Apellido)
First Name: [redacted] (Primer Nombre)
Housing Unit/Pod: J (Unidad letra de Unidad)
Room #: 101-D (Habitacion)
Alien #: [redacted] (Numero de Inmigracion)
Docket/Deportation Officer: Do Brown (Oficial de ICE)
Nationality: [redacted] (Nacionalidad)

- ☐ Who is my Deportation Officer? (Quien es mi oficial de deportacion?) Response:
- ☐ When is my next court date? (Cuando sera mi proxima corte?) Response:
- ☐ When will I get deported? (Cuando sere deportado?) Response:
- ☒ What is my case status? (Cual es el estado de mi caso?) Response:
- ☐ Other/Otros: Dear sir since the BIA return my case to immigration court. I didn't get any information concerning my case. That why I am asking for some information. I attach a copy of letter I received finally from BIA.

Thank you.

Detainee Signature: [redacted] (Firma del Detenido)
Request Date: 07/15/2018 (Fecha de Solicitud)

ICE Response:
AT THIS MOMENT THE COURT HAS NOT SCHEDULED YOU FOR THE NEXT COURT DATE. YOUR CASE HAS BEEN TRANSFER FROM THE BIA BACK TO US. NO SCHEDULE COURT DATE FOR NOW

ICE Officer Name: R. Chin (Print)
ICE Officer Signature:

Date Received: JUL 16 2018
Request Number: 3207
Date Responded: 07/14/2018

Notice! You must fill out this form completely, or it will not be delivered to your Deportation Officer.
Aviso! Debe llenar esta forma completamente, o no sera entregada a su oficial de deportatcion.

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U.S. Immigration and Customs Enforcement

Enforcement and Removal Operations

U.S. Department of Homeland Security
7488 Calzada del la Fuente
San Diego, CA 92158

ICE Detainee Request Form
(Peticion de Detenido)

Last Name: [redacted]
(Apellido)

First Name: [redacted]
(Primer Nombre)

Housing Unit/Pod: I
(Unidad letra de Unidad)

Room #: 098
(Habitacion)

Alien #: [redacted]
(Numero de Inmigracion)

Docket/Deportation Officer: BROWN
(Oficial de ICE)

Nationality: [redacted]
(Nacionalidad)

- ☐ Who is my Deportation Officer? *(Quien es mi oficial de deportacion?)* Response:
- ☐ When is my next court date? *(Cuando sera mi proxima corte?)* Response:
- ☐ When will I get deported? *(Cuando sere deportado?)* Response:
- ☐ What is my case status? *(Cual es el estado de mi caso?)* Response:
- ☒ Other/*Otros*: Hay Sir I need a copy of my Birth Certificate & National ID Certificate of [illegible] I has sent original through mail & I has left the Took ex.
  Thank you

Detainee Signature: [redacted]
(Firma del Detenido)

Request Date: 01/31/2018
(Fecha de Solicitud)

ICE Response:
I have attached the requested copies.

ICE Officer Name: S. Brown (Print)

ICE Officer Signature:

Date Received: FEB 01 2018

Request Number: 478

Date Responded: 2/1/18

Notice! You must fill out this form completely, or it will not be delivered to your Deportation Officer.
Aviso! Debe llenar esta forma completamente, o no sera entregada a su oficial de deportacion.

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REQUEST FOR ASSISTANCE

Inmate / Detainee name: [redacted] #: [redacted] Unit: P-206-B

TO: Counselor Date: 10/01/17

SUBJECT: (state briefly the problem on which you need assistance) I would like to request to work in the Laundry. Thank you.

NOTE: If necessary, you may be interviewed in order to handle your request. Your failure to specifically state your problem may result in no action being taken.

DO NOT WRITE BELOW THIS LINE

DISPOSITION / RESPONSE: assigned as Laundry Porter.

STAFF MEMBER

10-2-17

DATE

602605-3036

CCOG00043121

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REQUEST FOR ASSISTANCE

Inmate / Detainee name: [redacted] #: [redacted] Unit: P-206-A

TO: Case Manager Date: 09-01-2017

SUBJECT: (state briefly the problem on which you need assistance) I am asking for assistance to be given a chance to work in the kitchen. I requested several times before but still waiting for respond. I am currently working as special details which I don't get paid mostly. and I need money to buy basic needs. I will really be greatful for your acceptance.

Thank you so much.

NOTE: If necessary, you may be interviewed in order to handle your request. Your failure to specifically state your problem may result in no action being taken.

DO NOT WRITE BELOW THIS LINE

DISPOSITION / RESPONSE:

See attachment

You're getting paid!

STAFF MEMBER

9/8/17

DATE

602605-3036

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CCOG00043124

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REQUEST FOR ASSISTANCE

Inmate / Detainee name: [redacted] #: [redacted] Unit: P-206-A

TO: Manager unit Date: 16-08-2017

SUBJECT: (state briefly the problem on which you need assistance)

Please sir I need to take a birth certificate in my bag. Thank you.

NOTE: If necessary, you may be interviewed in order to handle your request. Your failure to specifically state your problem may result in no action being taken.

DO NOT WRITE BELOW THIS LINE

DISPOSITION / RESPONSE: THIS IS ICE REQUEST. PLS. CONTACT YOUR DEPORTATION OFFICER FOR A COPY OF YOUR BIRTH CERTIFICATE -

STAFF MEMBER

8-20-17
DATE

602605-3036

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CCOG00043126

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16-1G

PROHIBITED PUBLICATION

Facility Name: CMDC
Inmate Name: [redacted] Inmate Number: [redacted]

Publications listed on the facility's ban list or publications that contain pictures, depictions, illustrations, or information (as outlined below) will be denied when the content is extensive enough that removal of the affected pages will be overwhelmingly burdensome, will destroy the publication, or will modify the publication in any way that would endanger the safety and security of the facility, employees, and/or inmates/residents. The following publication is being denied:

Publication Name: "COMPLETE ENGLISH GRAMMAR RULES" – FARLEX INTERNATIONAL AMAZON.COM

Is this publication on the facility's ban list: ☐ Yes ☒ No

Contents of Publication That Support Denial (Check All That Apply):

- ☐ Inciting, aiding, or abetting riots, work stoppages, or means of resistance
- ☒ Sending/receiving of contraband – NO PACKAGE AUTHORIZATION ON FILE – PLEASE SUBMIT ONE
- ☐ Gang Information (to include codes, signs, symbols, training material, etc.)
- ☐ Terrorism Information
- ☐ Functionality of locks and/or security devices (e.g. cameras, alarms) or how to bypass or defeat the security functions of these devices
- ☐ Use of hands, feet, or head as weapons, fighting weapons and techniques, self-defense and martial arts
- ☐ Drug paraphernalia, brewing of alcoholic beverages, or the manufacture or cultivation of drugs, narcotics, or poisons
- ☐ Racism and/or religious oppression and the superiority of one race/religion/political group over another, and/or the degradation of one race/religion/political group by another
- ☐ Sale, manufacture, concealment, or construction of ammunition, guns, rifles, bombs, explosives, or any other type weaponry
- ☐ Sabotage or disruption of computers, communications, or electronics
- ☐ Identity theft
- ☐ Escape methods (e.g. blueprints, drawings, road maps, or descriptions of a correctional facility, etc.)
- ☐ Survival skills that could be used as an aid to eluding capture following an escape
- ☐ Obscene material
- ☐ Publications which encourage deviate sexual behavior which is criminal, in violation of facility rules, detrimental to the rehabilitation of inmates/residents or determined by the Warden or designee to be detrimental to the safety and security of the facility (these materials include, but are not limited to, pictures, drawings, or photographs which display or suggest vaginal, rectal, or oral penetration by a person or object, ejaculation, bestiality, sadistic or masochistic behaviors, child pornography, or the suggestion of child pornography
- ☐ Gambling strategies and other gambling-related material
- ☐ Patterns for tattoos and/or skin modification equipment which would provide, at a minimum, visual aids for inmates/residents wishing to reproduce this type of body ornamentation and/or equipment
- ☐ Contents that include cipher or code or instruct on the usage of codes
- ☐ Acts of violence, that cause or intend to cause, serious criminal injury or harm such as murder, rape, sexual assault, and cruelty to animals
- ☐ Graphic violence that includes amputation, decapacitation, dismemberment, or mutilation maiming or disfigurement

Form Completed By:
Printed Name: Villanueva
Signature: [signature] Date: 03/26/16 4/2/18

Attached to this form is a 16-1H Correspondence/Items/Publication Appeal form. You have seven (7) calendar days from receipt to appeal.

Original: Inmate/Resident
Copy: Mail Room File

Complete Sent book out 4/2/18

10/28/09

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16-1H

CORRESPONDENCE/PUBLICATIONS APPEAL

Facility Name	OTAY MESA DETENTION CENTER
Inmate Name	[redacted]
Inmate Number	[redacted]

What was denied (Check One)?

☐ Correspondence (Attach copy of the 16-1E) ☒ Publication (Attach copy of the 16-1G)

State Reason for Appeal (Attach additional pages if necessary):

[illegible] 2/28/18

Signature	X [redacted]
Date	X 04-03-2018

This section to be completed by facility employees

Warden or Asst. Warden's Response (Attach additional pages if necessary):

Complete Sent book. Out 04/02/18

Disposition of Appeal: ☒ Approved ☐ Denied

Signature	[illegible]
Date	4-2-18

Prohibited correspondence was returned to the sender. Prohibited publications will be destroyed by facility staff.

Original: Inmate/Resident
Copy: Sender (for correspondence only)
Copy: Mail Room File

10/29/09

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16-1F

PROHIBITED ITEMS

Facility Name	Otay Mesa Detention Center		
Inmate Name	[redacted]	Inmate Number	[redacted]

This is to inform you that prohibited items to/from the following individual have been discovered with your correspondence:

Name	[redacted]		
Address			
City		State MT	Zip Code 04240

List of Prohibited Items Received:

Mailing Stamps

Form Completed By:

Printed Name	Yllanwa		
Signature	[illegible]	Date	04/13/17

This section to be completed by the inmate/resident for prohibited items received:

- [x] I request the prohibited items to be destroyed
- [ ] I request the prohibited items to be picked up by my visitor (I understand Warden or designee approval is required for this option)
- [ ] I request to pay for the prohibited items to be mailed to the following address:

Name			
Address			
City		State	Zip Code

Inmate Signature	[illegible] [redacted]	Date	04/13/17

NOTE: In the event a disposition has not been received within thirty (30) calendar days and no pending grievances or other hold notices exist, the prohibited items will be destroyed.

This section to be completed by facility employees:

For items requesting to be destroyed or for items where no disposition indicated within thirty (30) calendar days of notice:

Are there any pending appeals, grievances, or other hold notices for the prohibited item? ☐ Yes ☐ No
If yes, do not destroy the prohibited items until a final disposition has been reached.

Destruction Information:

Date of Destruction		Time of Destruction	
Employee Signature			
Employee Signature			

For items requesting to be picked up by visitor:

☐ Approved ☐ Disapproved

Warden or Designee Signature		Date	

For items requesting to be mailed out:

Mailed By		Date Mailed	

Original: Inmate/Resident
2: Mail Room File

RTS SENDER
14 SEP 17

10/28/09

CCOG00043131

CONFIDENTIAL

CCOG00043132

CONFIDENTIAL

16-1H

CORRESPONDENCE/PUBLICATIONS APPEAL

Facility Name:	MDC		
Inmate Name:	[redacted]	Inmate Number:	[redacted]

What was denied (Check One)?

☐ Correspondence (Attach copy of the 16-1E) ☐ Publication (Attach copy of the 16-1G)

State Reason for Appeal (Attach additional pages if necessary): prohibited items 16-1F

NO APPEAL RTS 14SEP17

Signature	(X) [redacted]
Date	(X) [redacted] 08/14/17

This section to be completed by facility employees.

Warden or Asst. Warden's Response (Attach additional pages if necessary):

Disposition of Appeal: ☐ Approved ☐ Denied

Signature	
Date	

Prohibited correspondence was returned to the sender. Prohibited publications will be destroyed by facility staff.

Original: Inmate/Resident
Copy: Sender (for correspondence only)
Copy: Mail Room File

10/28/09

CCOG00043133

CONFIDENTIAL

[redacted]

CCOG00043134

CONFIDENTIAL

20-4J

RELIGIOUS DIET AGREEMENT

Inmate/Resident's Name: [redacted] Number: [redacted]

Facility: O.M.D.C.

Inmate/Resident's Religion: [redacted]

By signing this agreement, I confirm that continuing participation in the Religious Diet Program requires compliance with rules associated with the program.

Having requested and been approved for participation in the Religious Diet Program, I understand that I will receive a diet as described below. I understand the facility's Food Service staff will make every effort to meet my dietary needs and that menus will be prepared and evaluated by appropriate staff.

I understand I have the responsibility to participate in the Religious Diet Program by presenting myself to receive my Religious Diet Tray/Meal as directed by the Food Service Schedule. I understand that I am to present my identification (ID) and sign for my Religious Diet Tray/Meal at the time I receive it. I understand that my failure to pick up my Religious Diet Tray/Meal creates an administrative and cost burden for the facility and undermines the overall Religious Diet Program. I further understand that I may be subject to removal from the Religious Diet List when facility personnel determine that my failure to comply with this agreement is interfering with the orderly administration of the Religious Diet Program and/or the facility Food Service Program.

I further understand that eating from the regular food line is a violation of the Religious Diet Program unless my Religious Diet and the regular menu are one and the same for that meal. Facility personnel will monitor my participation to ensure the orderly administration of the Food Service Program and will document instances of non-compliance.

I understand that purchases I make from the Commissary of items that are inconsistent with my Religious Diet may result in my being removed from the Religious Diet Program. If I am removed from the Program, I understand that I will be required to re-apply for participation in the Religious Diet Program, and that reinstatement may take up to thirty (30) days due to the administrative process necessary to review and evaluate my request.

If I am removed from the Religious Diet Program for cause (violation of my Religious Dietary Laws/Requirements), I may request to be reinstated by submitting to the Chaplain a new 20-4D Request for Religious Diet. I recognize that reinstatement may take up to thirty (30) days due to the administrative process necessary to review and evaluate my request. I also understand that repeated removals may lead to my being required to wait six (6) months before applying for reinstatement.

I understand that I may request, in writing, to withdraw from the Religious Diet Program and thus be removed. If I desire reinstatement after a voluntary removal, I may request to be reinstated after a period of six (6) months.

[redacted] 7-6-17

Inmate/Resident's Signature Date

Staff Name: C. Perry Please Print Title: CHAPLAIN

7-6-17

Signature of Staff Witness Date

cc: File

06/20/16

CCOG00043135

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CCOG00043136

CONFIDENTIAL

Appendix 4.1.A: Authorization for Common Fare Participation

Name of detainee:

[redacted] A-number: [redacted]

I hereby request authorization to participate in the Common Fare Program. I agree to comply with the program requirements. I understand that if I am observed consuming mainline foods or violating other program requirements, I may be removed from program participation and will not be eligible for immediate reinstatement. Repeated program violations may result in removal from the program for up to one year. I further understand that the same conditions for reinstatement may apply if I voluntarily withdraw from the program for any reason.

I understand that I must have a recorded religious preference in order to be eligible for the program and that I must provide a written reason for requesting to participate in the religious diet program.

Religious preference: [redacted]

Specific reason for wanting to participate in the Common Fare Religious Diet Program:

[redacted]

Signature of detainee:

[redacted] A-number: [redacted]

Date: 7-6-17

Signature of Chaplain:

Date: 7-6-17

Record Copy—Detainee Detention File; Copy - Chaplaincy File; Copy—Detainee

CCOG00043137

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CCOG00043138

CONFIDENTIAL

REQUEST FOR ASSISTANCE

Inmate / Detainee name: [redacted] #: [redacted] Unit: P-206-A

TO: Manager unit Date: 02/07/2017

SUBJECT: (state briefly the problem on which you need assistance)

Please I need HALAL food because I am a Muslim.

NOTE: If necessary, you may be interviewed in order to handle your request. Your failure to specifically state your problem may result in no action being taken.

DO NOT WRITE BELOW THIS LINE

7/5/2017

DISPOSITION / RESPONSE:

OK -(H)
Begin 7-7-17 lunch
Approved chaplain

CB 7-6-17

STAFF MEMBER DATE

602605-3036

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CONFIDENTIAL

8-5A

CORRECTIONS CORPORATION OF AMERICA
DOCUMENTATION OF INMATE/RESIDENT WORK PLACE SAFETY ORIENTATION

Assigned Work Place: Kitchen

I have been provided all necessary information regarding those hazardous materials, chemicals, and personal protective equipment (PPE) which I may come in contact with in the performance of my assigned job duties.

[redacted]
Inmate/Resident's Printed Name

[redacted]
Inmate/Resident's Number

[redacted]
Inmate/Resident's Signature

Signature of Staff Conducting Orientation

12/19/2017
Date

NOTE: Completion of this form is required in each area/department that the inmate/resident is assigned to work.

10/06

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Inmate/Resident Pre-Assignment Training Record

Inmate Name / **Nombre del Confinado:** [redacted]

Inmate Number / **Numero de Registro:** [redacted] LABEL

Date Hired / **Fecha de Inicio:** 12/19/2017

- [x] Job Description Review
  Descripcion del Trabajo
- [x] Food Service Department Rules & Regulations
  Reglas & Regulaciones del Departamento del Servicio de Comida
- [x] Food Safety
  Comida Saludable
- [x] Accident Prevention
  Prevencion de Accidentes
- [x] Use of Safety Equipment
  Uso del Equipo de Seguridad
- [x] Chemical Usage
  Uso de los Quimicos
- [x] Floor Care
  Cuidado del Piso
- [x] Sanitation & Hygiene Issues
  Limpieza y Higiene
- [x] Food Service Space and Equipment – Proper Operation and Cleaning
  Equipo y Espacio del Servicio de Alimentos – Limpieza y Operacion Adecuada
- [ ] Other / **Otro:**
- [ ] Other / **Otro:**
- [ ] Other / **Otro:**
- [ ] Other / **Otro:**
- [ ] Other / **Otro:**

I certify that I have received the training listed above and am responsible for performing my work duties as trained.

Yo certifico que he recibido el entrenamiento que esta en el listado de arriba y soy responsable de hacer el trabajo basado en el entramiento.

[redacted] Inmate/Resident Signature

[redacted] Inmate/Resident Number

12/19/2017 Date

Signature of Staff Trainer

12-19-17 Date

3/11/11

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CANTEEN CORRECTIONAL SERVICES
INMATE WORKER SERVICE SAFETY LIST

- Keep all perishable foods at 40 degrees F. or below until ready to use.
- Keep all cold food cold 40 degrees F. and below and all hot food hot, 140 degrees F. and above.
- Do not place cooked food on shelves under raw meat. Raw meat must always be stored on bottom shelves.
- Do not use any food if there is a doubt about its freshness or wholesomeness.
- Discard all food dropped on the floor after consulting with your immediate supervisor.
- *Slice, dice, chop and mince on a clean sanitized cutting* board. Cut away from yourself when using a peeler.
- When opening can foods, avoid touching the rim.
- Follow all job procedures. Never short cut approved procedures.
- Use the proper equipment for the job ensuring that it is in good condition.
- *Follow instructions or warning labels on all toxic and flammable* materials. Keep work areas clean and clutter free.
- Observe restricted areas, such as "No Smoking" or "Authorized Personnel Only".
- Report all unsafe conditions to your immediate supervisor.
- Watch where you are going at all times, especially through doorways, busy isles and around comers.
- Keep isles, halls and walkways free from clutter, electrical cords, and hoses.
- *Pull; do not push carts through doorways.*
- Turn down heat once food starts boiling to avoid boiling over.
- Potholders save you from burns. Keep them near the stove or oven. While using potholders keep them away from open flames.
- Turn off oven or stove when cooking process is finished.
- Put plug into electrical appliance, then into wall outlet when using electrical appliance. (Note: Do not let plug or extension cord rest on the floor. When finished, remove the plug from the wall outlet ad then from the appliance). Pull the plug, not the cord when unplugging an appliance.
- Do not touch an electrical appliance with wet hands.

Inmates Signatures: [redacted] Date: 12/19/2017

Trainer/Manager's Signature: [signature] Date: 12-19-17

LABEL

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CANTEEN CORRECTIONAL SERVICES

INMATE KITCHEN WORKER HYGIENE AND GROOMING STANDARDS

Report to work in a clean uniform as specified by the correctional facility.

Hair restraints are to be worn at all times in the production, storage, and serving areas.

Jewelry is not to be worn, other than a watch, wedding ring or stud earrings.

Practice personal cleanliness:

- Take a bath or shower daily
- Brush your teeth at least twice a day
- Use a deodorant
- Wash hair at least once a week and keep it neat
- Keep nails clean, neat and well-trimmed
- Wear clean undergarments daily

Avoid touching your face, hair or nose. Do not scratch, pick sores or work with open wounds.

Wash hands frequently and every time after having performed one of these activities:

- Visiting the toilet
- Coughing or sneezing into hands or handkerchief
- Touching your face, nose or hair
- Smoking: the saliva from the butt of the cigarette or cigar will contaminate hands
- Handling boxes, crates, packages
- Handling garbage
- Handling anything soiled

Report to your supervisor when you have been injured, including minor injuries such as cuts and burns. Report any skin eruptions, boils and the like.

Report to your supervisor any illness of the respiratory system (head colds, etc.) and intestinal disorders, such as diarrhea.

Keep hands and fingers out of food; do not taste food with your fingers; use a clean tasting spoon each time.

As much as possible, use utensils for preparing food. Use tongs, spoon, forks, etc., for handling ice, butter (Oleo) rolls, breads, etc., instead of using hands. Be sure all utensils are clean before using.

Observe the "No Smoking" rule in all food preparation and service and storage areas.

Avoid touching parts of dishes, trays, and utensils that will come in contact with food.

If food must be manipulated by hand, use plastic disposable gloves. Dispose of used gloves.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE STATED STANDARDS TO THE BEST OF MY ABILITY.

INMATE SIGNATURE: [redacted] DATE: 12/19/2017

TRAINER/MANAGER'S SIGNATURE: Kmarens DATE: 12-19-17

C10

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CONFIDENTIAL

CANTEEN CORRECTIONAL SERVICES
INMATE AGREEMENT CONTRACT

DATE: 12/19/2017

I, [redacted] agree to abide by and follow any and all rules and regulations set by the CANTEEN Company and or any regulatory agency governing to operations of the Food Service Department.

1. I will perform duties as listed and described on any Job Description and any additional work assigned to me by a Food Service Supervisor to the best of my ability.
2. I will work the times assigned me as scheduled by the Food Service Department.
3. I will eat only during designed break times, set by the Food Service Department.
4. I will eat off the service line only those items and portions served to the General Population, unless assigned a special diet or unless permitted by a Food Service Supervisor.
5. I will not be in possession of, nor will I cook or prepare items which are not designated menued items for that particular meal for myself or others, unless directed to do so by a Food Service Supervisor.
6. I will not eat, drink, or smoke in any food preparation area, dish room, or food storage areas.
7. I am not allowed in the Food Service Department Office unless authorized by the Site Manager.
8. I will not attempt to nor remove any food items, supplies, or equipment from the Food Service Building unless directed to do so by Food Service Supervisor.
9. I will take breaks only when scheduled or approved by a Food Service Supervisor.
10. I will not bring any personal property into the kitchen or dining facility, including radios, stereos, games, cards, etc.
11. I will not enter the Food Service Department kitchen at unscheduled times, unless called for or authorized by a Supervisor.
12. I will wear clean kitchen whites and appropriate hair coverings at all times while in any food preparation, dish room or food storage areas.
13. I understand that by not complying with these and other rules and regulations listed and described in the *San Diego Correctional Facility Inmate/Detainee Admission and Orientation Handbook*, it could result in disciplinary action, loss of good time and or loss of my job.
14. I understand that I shall be evaluated on my job performance on a monthly basis, which could effect, pay, promotions, demotions or loss of job.

JOB: Utility

Inmate Name: [redacted] [redacted]
Last First M.I. D. O.C.#

[redacted] 12/19/2017
SIGNATURE DATE

FOOD SERVICE SUPERVISOR: [illegible] Supervisor
Last First MI Title

[illegible] 12-19-17
SIGNATURE DATE

C1 **LABEL**

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CANTEEN CORRECTIONAL SERVICES
INMATE WORKER KITCHEN RULES

1. Inmate must report to work in the proper uniform. Hair restraints supplied by Canteen Correctional Services must be worn working in the kitchen and during the meal service period.
2. Inmate kitchen workers must be clean and fingernails must be trimmed and clean.
3. Plastic gloves must be worn when handling any food during the various *preparation* and *cooking stages* and *during the serving of food.*
4. There is to be no smoking in any food preparation, storage, or service area. Smoking is allowed only in designated areas.
5. No sitting on the worktables or other equipment is allowed.
6. Horseplay and/or fighting will not be tolerated.
7. There will be no eating in the kitchen except at your scheduled mealtime and in the designated break or eating area.
8. There will be no drinking in any food preparation area. All beverages are to be consumed in the designated break or eating area.
9. *Leaving the kitchen area with food, beverages or utensils* without permission is prohibited.
10. No inmate is permitted a double portion of food.
11. Playing with tools or equipment is prohibited.
12. Only one inmate will be permitted to use the restroom at a time.
13. The use of foul or abusive language in the kitchen is prohibited.
14. Inmates working with knives or utensils are not permitted to leave the work area with those items.
15. Inmates are not allowed to serve themselves.
16. Inmates are expressly forbidden to leave the kitchen and/or department without first obtaining permission from the Canteen Supervisor.
17. Inmates on the serving line must be polite to the inmates they are feeding.
18. No inmate is permitted to operate any equipment without being trained by an employee of Canteen Correctional Services.
19. No inmate is allowed in any office area without permission.

Inmate Signature: [redacted] Date: 12/19/2017

Trainer/Manager's Signature: [signature] Date: 12-19-17

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CANTEEN CORRECTIONAL SERVICES **JOB DESCRIPTION**

Our mission is to: Provide wholesome hot meals in a timely manner and in accordance to the established menu, to all residents and staff of San Diego Correctional Facility every day of the year.

SANITATION WORKER

PURPOSE: To maintain a clean and sanitary kitchen in a correctional food service program.

DUTIES:

A. The *Sanitation Worker* in the area of "Sanitation" will:
1. Check cleaning schedule daily.
2. Assist in the cleaning of all areas of the kitchen.
3. Use only authorized cleaning chemicals.
4. Clean and sanitize equipment per written instructions.
5. Sweep and mop floors as required throughout the day.
6. Keep trash containers emptied.
7. Clean restrooms, hand sinks, and break areas at designated times.
8. Clean walls, ceilings and other areas with proper cleaning equipment.
9. Keep all cleaning chemicals away from food area.
10. Follow instructions from staff personnel in the cleaning and sanitizing of the kitchen.
11. Assist in any other duties deemed necessary by food service.

B. The *Sanitation Worker* in the area of "Equipment Usage" will:
1. Completely understand the operation and safety procedures of all cleaning equipment.
2. Make sure that equipment is in the proper working condition at all times.
3. Place cleaning equipment in the proper working condition at all times.
4. Assist in any other duties deemed necessary by food service.

"All kitchen workers will wear hair restraints, etc. while in the kitchen and gloves when handling food."

Print Name: [redacted] A#: [redacted]

Signature: [redacted] Date: 12/19/2017

LABEL

C11

CCOG00043149

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CANTEEN CORRECTIONAL FOOD SERVICES

INMATE JOB DESCRIPTION

JOB TITLE: UTILITY

WORK AREA: KITCHEN

NORMAL WORK HOURS: AM Shift or PM Shift. Shift will be assigned by Food Service Manager.

PAY SCALE: GRADE UNSKILLED

CAPSULE JOB DESCRIPTION: Assist in cleaning and sanitation of all areas in the kitchen. Must be in Utility position for a minimum of 90 and have three (3) evaluations of 2.5 or above to stay in position.

SPECIFIC WORK DUTIES:

1. Clean and sanitize all hot carts, segregation carts, and cambro carts when they are returned to the kitchen.
2. Clean and sanitize all dry storage racks and tray carts.
3. Clean and sanitize baking racks.
4. Keep kitchen floor swept and mopped at all times.
5. Keep floor drains clean.
6. Empty and wash out trash containers, as needed.
7. Assist in trash runs to dispose of trash.
8. Wash and sanitize walls, walk-ins, freezer doors, and tables, etc.
9. Follow all safety instructions and posted operational rules.
10. Any other duties asked of you by Food Service Staff.

SPECIAL REQUIREMENTS: Medical Clearance must be able to lift 40 lbs.

TERMINATION:

1. Failure to follow Safety Procedures.
2. Failure to follow Supervisor's instructions.
3. Excessive absenteeism.
4. Misconduct, horseplay, etc.
5. Theft
6. Unsatisfactory work performance.

NOTE: These are not all of your work duties; other duties may be assigned as deemed necessary.

PRINT NAME: [redacted] NUMBER: [redacted]

OFFENDER SIGNATURE: [redacted] DATE: 12/19/2017

SUPERVISOR: Ruano DATE: 12-19-17

C12

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CONFIDENTIAL

CANTEEN CORRECTIONAL SERVICES
INMATE TRAINING
LESSON PLAN

LABEL

COURSE TITLE: KITCHEN EQUIPMENT

Lesson Title: Safety Precautions (all equipment)

Course Objective: To instruct inmate workers on the following safety guidelines for all kitchen equipment.

Equipment/Supplies Required: Slicer or Mixer to be used in demonstration.

Lesson Tools: Presenter Demonstrations/Lecture

Safety precautions must be observed and proper maintenance and cleaning must be consistently applied in order to keep equipment functioning properly and to prevent injury or accidents. Observe the following safety guidelines when working with any kitchen equipment.

1. Obtain proper instruction in the machine's safe operation. Do not be afraid to ask questions.
2. First turn off and then unplug electrical equipment before assembling or breaking down the equipment for cleaning.
3. Use all safety features: Be sure that lids are secure, hand guards are used, and the piece of equipment is stable.
4. Clean and sanitize the equipment thoroughly after each use.
5. Be sure that all pieces of equipment are properly reassembled and left unplugged after each use.
6. Report any problems or malfunctions promptly to your supervisor.

Presenter uses a particular piece of equipment to demonstrate safety features, break down, and set-up.

C8

CCOG00043151

CONFIDENTIAL

CANTEEN CORRECTIONAL SERVICES
INMATE TRAINING
LESSON PLAN

COURSE TITLE: KITCHEN EQUIPMENT

Lesson Title: Kettles and Steamers – THE BASICS

Course Objective: To instruct the inmate on the various pieces of equipment listed above.

Equipment/Supplies Required: Demonstrator to lecture at each piece of equipment listed above point out its features and explain what it does.

Lesson Tools: Presenter Demonstrations/Lecture

Kettles and steamers enable a chef to prepare large amounts of food efficiently, since the heat is applied over a much larger area than is possible when a single burner is used. Cooking times for dishes prepared in steamers and large kettles are often shorter than for those prepared on a range top.

STEAM-JACKET KETTLE – This freestanding or tabletop kettle circulates steam through the walls of the jacket, providing even heat. Units vary: they may tilt, may be insulated and may have spigots or lids. Available in a range of sizes, these kettles are excellent for producing stocks, soups and sauces, as well as some casserole items. They are generally made of stainless steel and sometimes have specially treated non-stick surface. Gas or electric models are available.

TILTING KETTLE – This large, relatively shallow freestanding unit is used for braising, stewing and a hot of other cooking processes. Most tilting kettles have lids, allowing for steaming, as well. They are usually made of stainless steel and are available in gas or electric models.

PRESSURE STEAMER – Water is heated under pressure in a sealed compartment, allowing it to reach higher than boiling temperature (212 degrees F.) The cooking time is controlled by automatic timers, which open the exhaust valves at the end. The doors cannot be opened until the pressure has been released.

CONVECTION STEAMER – The steamer generated in a boiler and then piped to the cooking chamber, where it is vented over the food. Pressure does not build up in the unit; it is continuously exhausted, which means the door may be opened at any time without danger of scalding or burning.

CS

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CANTEEN CORRECTIONAL SERVICES
INMATE TRAINING
LESSON PLAN

COURSE TITLE: KITCHEN EQUIPMENT

Lesson Title: Stoves, Ranges and Ovens – THE BASICS

Course Objective: To instruct and demonstrate to the inmate workers the various pieces of equipment listed above.

Equipment/Supplies Required: Demonstrator to lecture at each piece of equipment listed above, point out its features and explain what it does.

Lesson Tools: Presenter Demonstrations/Lecture

It is difficult to imagine a kitchen without a stove. The stove top is known as the range; the oven is usually below the range. There are a number of different variations on this standard arrangement, however, just as there a number of different range tops and ovens available today.

RANGES – Gas or electric ranges are available in many sizes with various combinations of open burners, flattops (not to be confused with griddle units), and ring tops. Open burners and ring tips supply direct heat, which is easy to change and control. Small units known as candy stoves or stockpot ranges have rings of gas jets that allow for excellent heat control. Flat-tops provide indirect heat, which is more even and less intense than direct heat. Foods that require long, slow cooking, such as stocks, are more effectively cooked on a flat-top.

Open Burner – This is an individual grate-style burner that allows for easy adjustment of heat.

Flat-Top – This consists of a thick plate of cast-iron or steel set over the heat source. Flat-tops give relatively even and consistent heat but do not allow for quick adjustment of temperature.

Ring Top – This is flat-top with concentric rings or plates that can be removed to widen or close the opening, supplying more or less direct heat.

Induction Burner – This is a relatively new technology based on the transference of an electric current into a magnetic vibration. It is the vibration that heats the pan as it sits on the top of the burner. The food is cooked via heat transferred from the pan while the burner itself stays cool. All pans used on this type of burner must be made of steel or iron; copper and aluminum cookware will not respond to this type of process.

C3

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CANTEEN CORRECTIONAL SERVICES
INMATE TRAINING
LESSON PLAN

COURSE TITLE: KITCHEN EQUIPMENT

Lesson Title: Stoves, Ranges and Ovens – THE BASICS (Page 2)

OVENS – Ovens cook foods by surrounding them with hot air, a gentler and more even source of heat than the direct heat of a burner. Many types of roasted and baked food are prepared in ovens. Delicate foods, such as custards, are also cooked in an oven usually in a hot water bath (bain-marie). Different ovens are available to suit a variety of needs, and both the establishment's menu and its available space should be evaluated before determining what type and size oven to install.

Convection Oven – Hot air is forced through fans to circulate around the food, cooking it evenly and quickly. Some convection ovens have the capacity to introduce steam. They are available in gas or electric models, in a range of sizes, with stainless steel interiors and exteriors, and glass doors. Special features may include infrared and a convection-microwave combination.

Conventional Oven – The heat source is located on the bottom, underneath the deck, or floor, of the oven. Heat is conducted through the deck into the cavity. Conventional ovens can be located below a range top or as individual shelves arranged one above another. The latter are known as deck ovens, and the food is placed directly on the deck, (in a pan), instead of on a wire rack. Deck ovens usually are gas or electric, although charcoal and wood burning units are also options. The basic deck oven is most often used only for roasting, but several variations are available for other purposes. Additional styles of ovens include pizza ovens, rotary ovens, conveyor ovens and rotating deck ovens.

Slow Cookers/Combi Stoves – These stoves have been used extensively in Europe and are becoming more common in this country. The stove cooks at low temperatures, and may also steam foods. It can be used for both cooking and holding them at the correct serving temperatures, making them desirable in a number of different instances (catering, banquets, large scale operations). Some versions of these stoves are capable of smoking foods, as well.

C4

CONFIDENTIAL

CANTEEN CORRECTIONAL SERVICES
INMATE TRAINING
LESSON PLAN

COURSE TITLE: KITCHEN EQUIPMENT

Lesson Title: Griddles and Grills – THE BASICS

Course Objective: To instruct and demonstrate to the inmate workers the various pieces of equipment listed above.

Equipment/Supplies Required: Demonstrator to lecture inmate workers the various pieces of equipment (if available), listed above.

Lesson Tools: Presenter Demonstrations/Lecture

There are two other over/range features, the griddle and the grill that are part of the traditional commercial food service setup.

GRIDDLE – Similar to a flat-top range top, a griddle has a heat source located beneath a thick plate of metal, generally cast-iron or steel. The food is cooked directly on this surface. A griddle may be a gas or electric.

GRILLS, BROILERS AND SALAMANDER – In a grill, the heat source is located below the rack, in a boiler or salamander the heat source is above. Some units have adjustable racks, which allow the food to be raised or lowered to control cooking speed. Most units are gas, although electric units with ceramic "rocks" create a bed of coals, producing the effect of a charcoal grill. Salamanders are small broilers used primarily to finish or glaze foods.

C6

CONFIDENTIAL

CANTEEN CORRECTIONAL SERVICES
INMATE TRAINING
LESSON PLAN
COURSE TITLE: KITCHEN EQUIPMENT

Lesson Title: Grinding, Slicing and Pureeing Equipment – THE BASICS

Course Objective: To instruct the inmate on the various pieces of equipment listed above.

Equipment/Supplies Required: Demonstrator to lecture at each piece of equipment listed above, point out its features and explain what it does.

Lesson Tools: Presenter Demonstrations/Lecture

MEAT GRINDER – This is a freestanding machine or an attachment for a standing mixer. A meat grinder should have "dies" of varying sizes and in general will have a feed tray and pusher. The "dies" determine the coarseness of the grind, the smaller the holes in the "die" the finer the grind. All food contact areas should be kept clean.

VERTICAL CHOPPING MACHINE – This machine operates on the same principle as a blender. A motor at the base is permanently attached to a bowl with integral blades. As a safety precaution, the hinged lid must be locked in place before the unit will operate. The vertical chopping machine is used to grind, whip emulsify, blend, or crush foods.

FOOD CHOPPER (Buffalo Chopper) – The food is placed in a rotating bowl that passes under a hood, where blades chop the food. Some units have hoppers or feed tubes and interchangeable disks for slicing, and grating. Food choppers are in floor and tabletop models and are generally made of aluminum with a stainless steel bowl.

FOOD PROCESSOR – This is a processing machine that houses the motor separately from the bowl, blades, and lid. Food processors can grind, crush, knead, and, with special disks, slice, julienne, and shred foods.

FOOD/MEAT SLICER – This machine is used to slice foods in even thickness. A carrier moves the food back and forth against circular blade, which is generally carbon steel. There may be separate motors to operate the carrier and the blade. To avoid injury, all safety features incorporated in a food slicer, especially the hand guard, should be used.

C7

CONFIDENTIAL

prac

J209

U.S. Immigration and Customs Enforcement

Department of Health Inmate Food Handler's Certificate

PATIENT NAME: [redacted]	FACILITY: San Diego Contract Detention Facility - CCA
A: [redacted]	SubID: [redacted]

New

DEPARTMENT OF CORRECTIONS COPY

RECEIPT OF NOTIFICATION OF PATIENT'S FOOD HANDLER CERTIFICATE

Electronically signed by: Baliwan RN, Julie 07/04/2017 18:37 Print Name/Date/Time	I have reviewed patient's record and found (his) (her) general health to be satisfactory for assignment in food handling, preparation and service areas or in the bakery.

CONFIDENTIAL

CCOG00043158

CONFIDENTIAL

DRAFT

DRAFT

ORDER TO Detain ALIEN

Manifest No. 020361 (page 1 of 3)

TO:
ERO - Etowah, AL Sub Office

NAME OF FACILITY:
ETOWAH COUNTY JAIL (AL)

Please detain or release the following
Detain

Nature of Proceedings
REMOVAL

NAME	POUCH NO.	AGE	SEX	NATIONALITY	BIRTHDATE Month/Date/Year	ALIEN NUMBER	CLS CODE	PREVIOUS Criminal History	FINS NUMBER
[redacted]	8G	26	M	SOMAL	1/7/1992	A213081948	LO	NC	[redacted]
	8D	41	M	MEXIC	[redacted]		ML	Larceny	
	8C	41	M	MEXIC			ML	NC	
	8D	61	M	MEXIC			LO	Driving Under Influence Liquor	
	8G	24	M	INDIA			LO	NC	
	3	31	M	MEXIC			HI	Smuggling Aliens	
	8C	46	M	ELSAL			MH	Robbery	
	16	24	M	MEXIC			ML	Burglary	
	2A	53	M	ELSAL			HI	Threat Terrorists State Sponsors	
	8G	38	M	SOMAL			LO	NC	

FINGERPRINTS _____. AM PHOTO _____.

Signature Detention Officer, Sheriff, etc. (Receiving Officer) Date

Signature of Officer Directing Action Date 12/12/2018

Title

Station

(A) SDDO 7G2196

Form 1-203 Phila. DEPARTMENT OF HOMELAND SECURITY- US IMMIGRATION AND CUSTOMS ENFORCEMENT

DRAFT

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CONFIDENTIAL

CCOG00043160

CONFIDENTIAL

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DRAFT

ORDER TO Detain ALIEN

Manifest No. 020361 (page 2 of 3)

TO:
ERO - Etowah, AL Sub Office

Please detain or release the following
Detain

NAME OF FACILITY:
ETOWAH COUNTY JAIL (AL)

Nature of Proceedings
REMOVAL

NAME	POUCH NO.	AGE	SEX	NATIONALITY	BIRTHDATE Month/Date/Year	ALIEN NUMBER	CLS CODE	PREVIOUS Criminal History	FINS NUMBER
[redacted]	8D	20	M	MEXIC	[redacted]	[redacted]	ML	Possession Of Weapon	[redacted]
	8C	59	M	MEXIC			MH	Hit and Run	
	8G	28	M	CAMER			LO	NC	
	8G	47	M	MEXIC			LO	NC	
	11	47	M	HONDU			HI	Robbery	
	5B	39	M	ELSAL			HI	Domestic Violence	
	8G	33	M	ELSAL			LO	Illegal Entry	
	8B	28	M	MEXIC			MH	NC	
	8G	30	M	ETHIO			LO	NC	
	8D	37	M	MEXIC			ML	Driving Under Influence Liquor	

FINGERPRINTS _____ AM PHOTO _____.

Signature Detention Officer, Sheriff, etc. (Receiving Officer) Date

Signature of Officer Directing Action Date 12/12/2018

(A)SDDO 762196

Title DO Station

Form 1-203 Phila. DEPARTMENT OF HOMELAND SECURITY- US IMMIGRATION AND CUSTOMS ENFORCEMENT

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CONFIDENTIAL

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ORDER TO Detain ALIEN

Manifest No. 020361 (page 3 of 3)

TO:
ERO - Etowah, AL Sub Office

Please detain or release the following Detain

NAME OF FACILITY:
ETOWAH COUNTY JAIL (AL)

Nature of Proceedings
REMOVAL

NAME	POUCH NO.	AGE	SEX	NATIONALITY	BIRTHDATE Month/Date/Year	ALIEN NUMBER	CLS CODE	PREVIOUS Criminal History	FINS NUMBER
MARTINEZ ALVARADO JOSE	8C	38	M	ELSAL	[redacted]	[redacted]	MH	Cruelty Toward Wife	[redacted]
[redacted]	8D	40	M	MEXIC			ML	Driving Under Influence Drugs	
	16	33	M	MEXIC			LO	Fraud - Impersonating	
	16	49	M	MEXIC			LO	NC	
	8C	48	M	MEXIC			ML	Amphetamine - Sell	
	8G	41	M	MEXIC			LO	Driving Under Influence Liquor	
	8D	20	M	MEXIC			ML	Burglary	
	8G	50	M	VENEZ			LO	NC	

FINGERPRINTS _____.

AM PHOTO _____.

Signature Detention Officer, Sheriff, etc. (Receiving Officer) Date

Signature of Officer Directing Action Date 12/12/2018

(A)5300 TG2196

Title Station

Form 1-203 Fills. DEPARTMENT OF HOMELAND SECURITY- US IMMIGRATION AND CUSTOMS ENFORCEMENT

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DEPARTMENT OF HOMELAND SECURITY
U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT

DETAINEE TRANSFER NOTIFICATION

DETAINEE NAME [redacted] A# [redacted]

NATIONALITY [redacted]

TRANSFER DESTINATION

NAME OF NEW FACILITY ETOWAH COUNTY DETENTION CENTER
ADDRESS 827 FORREST AVENUE
GADSDEN, AL 35901

TELEPHONE NUMBER (256) 549-8454

I hereby acknowledge that I have received the transfer destination information. I have also been notified that it is my responsibility to notify family members, if I so desire, and that I will be provided with one free phone call when I arrive at my destination.

DETAINEE SIGNATURE [redacted] A# [redacted] DATE 12.12.18

OFFICER SIGNATURE DATE 12.12.18

Reason for detainee transfer BED SPACE TRANSFER

Transfer of Detainees

cc:detention file

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